



STATE OF DELAWARE
OFFICE OF PENSIONS

FEDERAL AND DELAWARE STATE TAX
WITHHOLDING FORM
(IN LIEU OF W-4P)

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Pensioner Information (please print clearly)

Name - First, M.I., Last: Pension ID or SSN:
Street or P.O. Box:
City: State: Zip Code:
Email Address: Phone Number:

Choose One FEDERAL Tax Withholding Option

Do not withhold Federal tax.
-or-
I elect to have only the following amount or percent withheld each month for Federal tax.
Flat amount: \$ OR %
-or-
Calculate my monthly Federal tax withholding using IRS tax tables and withhold that amount each month for Federal tax.
Married # of exemptions:
Single # of exemptions:
Optional: withhold the calculated amount plus an additional \$ per month for Federal tax.
-or-
Do not change my current Federal tax election. (Only for existing Pensioners)

Choose One DELAWARE Tax Withholding Option

Do not withhold Delaware tax.
-or-
I elect to have only the following amount or percent withheld each month for Delaware tax.
Flat amount \$ OR %
-or-
Calculate my monthly Delaware tax withholding using IRS tax tables and withhold that amount each month for Delaware tax.
Married # of exemptions:
Single # of exemptions:
Optional: withhold the calculated amount plus an additional \$ per month for Delaware tax.
Do not change my current Delaware tax election. (Only for existing Pensioners)

I hereby revoke any prior tax withholding elections. I understand that the withholding elections requested above will remain in effect until I change them. I understand that I may revoke or change my tax withholding election at any time by submitting a new Federal and Delaware State Tax Withholding form. Your request will not be processed if this form does not have a valid signature.

X SIGNATURE DATE

### Form Information

- Complete the form and return to the State of Delaware Office of Pensions by mail, fax, or Email.
- Generally, your benefit is taxable income. You can have Federal and/or Delaware taxes withheld from your monthly benefit.
- You are liable for the payment of taxes, interest, and penalties if your estimated tax and withholding payments are not adequate.
- Delaware tax withholding from your benefit is optional. **Taxes for any other state cannot be withheld by the Office of Pensions.** If you have any questions, please contact the Office of Pensions.
- **The withholdings you indicate on this form replace your current withholdings.**
- **If you are a dual pensioner** (receiving both a service and survivor pension), you **MUST** complete a separate TWE-1 form for each benefit that you receive. Please be sure to indicate your Pension ID Number (found on your Monthly Notification of Deposit) on each form to ensure changes are applied to the proper account(s).