STATE OF DELAWARE
OFFICE OF PENSIONS

DELAWARE
STATE TAX WITHHOLDING
In Lieu of DE-W4

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

Pensioner Information

Name - First, MI, Last:			Pension ID or SSN:
☐ Check Here for Change of Address	Street or P.O. Box:		
	City:	State:	Zip Code:
Email Address:			Phone Number:

Choose One DELAWARE Tax Withholding Option

Taxes for any other state cannot be withheld by the Office of Pensions

☐ 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.

-or-

☐ Do **not** change my current Delaware tax election. (Only for existing Pensioners)

Form Information

- 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.

If you are a dual pensioner (receiving both a service and survivor pension), you **MUST** complete a separate Federal and State tax 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).

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** (This form is not valid unless you sign it)

X_____ **DATE**

860 SILVER LAKE BLVD., SUITE 1 · MCARDLE BUILDING · DOVER, DE 19904 / SLC D570A
PHONE: (302) 739-4208 · TOLL FREE: (800) 722-7300 · FAX: (302) 739-6129 · EMAIL: PENSIONOFFICE@DELAWARE.GOV
WWW.DELAWAREPENSIONS.COM