

Check Here for Change of Address

**State of Delaware
Office of Pensions**

Federal and Delaware State Tax Withholding Form In Lieu of Form W4P

Member Information <i>(please print clearly)</i>			
Name – First, Middle, Last		Social Security Number or Employee ID	
Mailing Address	Street or P.O. Box		
	City	State	Zip Code
Email Address		Daytime Phone Number (include area code)	

Federal Tax Withholding Options (Choose one)
<input type="checkbox"/> Do not withhold Federal tax.
<input type="checkbox"/> Withhold a flat amount each month for Federal tax. Flat amount: _____
<input type="checkbox"/> Calculate my monthly Federal tax withholding using IRS tax tables and withhold that amount each month for Federal tax.
<input type="checkbox"/> Married # of exemptions: _____
<input type="checkbox"/> Single # of exemptions: _____
Optional: Withhold the calculated amount plus an additional \$ _____ per month for Federal tax.

State of Delaware Tax Withholding Options (Choose one)
<input type="checkbox"/> Do not withhold Delaware State tax. Taxes for any other state cannot be withheld by the Office of Pensions.
<input type="checkbox"/> Withhold a flat amount each month for Delaware State tax. Flat amount: \$ _____
<input type="checkbox"/> Calculate my monthly Delaware State tax withholding using Delaware tax tables and withhold that amount each month for Delaware State tax.
<input type="checkbox"/> Married # of exemptions: _____
<input type="checkbox"/> Single # of exemptions: _____
Optional: Withhold the calculated amount plus an additional \$ _____ per month for Delaware State tax.

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.

Signature	Date
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About Tax Withholding Election Form

Form Information

- Complete the form in its entirety and return to the State of Delaware Office of Pensions by mail or fax.
- Generally your benefit is taxable income. You can have Federal and/or Delaware State 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 State 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** fill out a separate TWE-1 form for each benefit that you receive. Please be sure to indicate your Employee ID Number (found on your Monthly Notification of Deposit) on each form to ensure changes are applied to the proper account(s).