

# **Solano-Napa Counties Electrical Workers Profit Sharing Plan**

P O Box 1306 ♦ San Ramon, CA 94583  
(866) 544-9880

**Please submit the following documents with your application for benefits:**

- Birth Certificate for you and your spouse (see below for alternative documents)
- Marriage Certificate
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments).
- If you have ever served in the military or other uniformed services of the United States, please submit copies of your induction and discharge papers and the Credit for Uniformed Service for the United States Form. If you never served, please indicate so in a brief, written statement.

## **PROOF OF AGE**

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents that may serve as proof of your age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof, and going down to the less desirable types of documents. You are required to furnish the best type of proof that is available. You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

# **Solano-Napa Counties Electrical Workers Profit Sharing Plan**

P O Box 1306 • San Ramon, CA 94583  
(866) 544-9880

## **APPLICATION FOR HARDSHIP DISTRIBUTION**

### **GENERAL INFORMATION**

1. The distribution will be treated as necessary to satisfy an immediate and heavy financial need of a Participant to the extent the amount of the distribution is not in excess of the amount required to relieve the financial need, or to the extent such need may not be satisfied from other sources that are reasonably available to the Participant. This determination by the Trustees is to be made on the basis of all relevant facts and circumstances.
2. The undersigned certifies that the above financial need cannot be paid for from any of the following:
  - through reimbursement or compensation by insurance or otherwise;
  - by reasonable liquidation of the Participant's assets, to the extent such liquidation would not itself cause an immediate and heavy financial need;
  - by other distributions or nontaxable (at the time of the loan) loans from plans maintained by the Employer or by any other employer; or
  - by borrowing from commercial sources on reasonable commercial terms.
3. For purposes of this application and distribution, the Participant's resources shall be deemed to include those assets of his spouse and minor children that are reasonably available to the Participant. Property owned by the Participant and the Participant's spouse, whether as community property, joint tenants, tenants by the entirety, or tenants in common, will be deemed a resource of the Participant. However, property held for the Participant's child under an irrevocable trust or under the Uniform Gifts to Minors Act will not be treated as a resource of the Participant.
4. The amount of the distribution will take into account the following:
  - The distribution does not exceed the amount of the need, including any amounts necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from the distribution;
  - The participant has obtained all distributions, other than hardship distributions, and all nontaxable loans currently available under all plans maintained by the Employer.

# Solano-Napa Counties Electrical Workers Profit Sharing Plan

P O Box 1306 ♦ San Ramon, CA 94583  
(866) 544-9880

## CERTIFICATION OF HARDSHIP

### **PERSONAL INFORMATION ABOUT PARTICIPANT**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

The undersigned Participant hereby makes application for a Hardship Withdrawal [distribution] from the Solano-Napa Counties Electrical Workers Profit Sharing Plan and I am aware that the hardship distribution must be paid directly to me. I have read the General Information section above and certify the request is in compliance therewith. I also understand that the withdrawal is a premature distribution of pension benefits if I am under 59 ½. I acknowledge that at any age the distribution is subject to both state and federal income taxes. I further understand that if at the time of distribution I am under age 59 ½ the distribution is subject to Federal tax penalties of 10% and State tax penalties in California of 2.5%. I will also be responsible for ordinary income taxes as noted above.

I certify under penalty of perjury that the distribution is on account of an immediate and heavy financial need.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date

# Solano-Napa Counties Electrical Workers Profit Sharing Plan

P O Box 1306 ♦ San Ramon, CA 94583  
(866) 544-9880

## CATEGORIES OF HARDSHIPS AND REQUIRED DOCUMENTATION

LISTED BELOW IS A DETAILED EXPLANATION OF THE SIX TYPES OF HARDSHIPS UNDER WHICH A HARDSHIP DISTRIBUTION CAN BE CONSIDERED, AS WELL AS A DESCRIPTION OF THE REQUIRED SUPPORTING DOCUMENTATION. THE DOCUMENTATION AND EXPLANATIONS FOR THE HARDSHIP REQUEST MUST BE SUPPLIED WITH THE APPLICATION.

### CHECK APPLICABLE HARDSHIP(S)

- ☐ **Medical expenses previously incurred by the participant or the participant's spouse or dependents or necessary for those persons to obtain medical care.**

Documentation: Statements issued by providers and verification that coverage under the IBEW Local 180 Health and Welfare Plan is not available. This category, like all on this page, is for a hardship. The medical treatment must be of an extraordinary nature and the amount of the treatment unusually high. This provision does not cover medical bills incurred in the ordinary course of events that are not covered by the Health and Welfare Plan [e.g. deductibles, cosmetic, and orthodontics].

- ☐ **The purchase of or down payment (excluding mortgage payments) on a principal residence for participant (amount is limited to 20% of the purchase price).**

Documentation: An executed copy of the purchase and sale agreement as well as a statement of closing costs sufficient to support the amount requested.

- ☐ **Tuition payments for the next twelve months of college or graduate school for the employee or the employee's spouse or dependents. This category does not cover living expenses but merely tuition and books**

Documentation: A statement from the college or university delineating the tuition charge.

- ☐ **The need to prevent eviction of the Participant from his/her principal residence; or the foreclosure of the mortgage of the participant's principal residence.**

Documentation: A three day notice to quit, containing the amount to avoid eviction, or an unlawful detainer complaint. For foreclosure, provide mortgage statement showing past due amount. A hardship distribution under this category will be allowed only once in 12 months.

- ☐ **Expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under IRC Section 165.**

Documentation: Invoices from contractors or building supply companies

- ☐ **Burial expenses of an immediate family member (spouse, children, parent or dependents).**

Documentation: Invoices from the funeral home and a copy of the Death Certificate

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

# Solano-Napa Counties Electrical Workers Profit Sharing Plan

P O Box 1306 ♦ San Ramon, CA 94583  
(866) 544-9880

## AMOUNT REQUESTED

NET amount requested for hardship \$ \_\_\_\_\_

## TAX WITHHOLDING INFORMATION AND ELECTION:

As you may know, hardship withdrawals are non-eligible rollover distributions; therefore, you do have a choice whether or not you want Federal Income tax withheld from your distribution. Please make your choice below:

### **Federal Income Tax Withholding:**

- ☐ Please withhold 10% of my gross distribution in Federal Income Tax
- ☐ Please DO NOT withhold Federal Income Tax from my distribution
- ☐ Please withhold \_\_\_\_\_ % or \_\_\_\_\_ (\$) from my distribution

### **State Income Tax Withholding:** Please specify State: \_\_\_\_\_

- ☐ Please withhold 1% of my Gross Distribution in State Income Tax Withholding
- ☐ Please DO NOT withhold State Income Tax from my distribution
- ☐ Please withhold \_\_\_\_\_ % or \_\_\_\_\_ (\$) from my distribution

## PENALTIES:

Most distributions from qualified retirement plans made to Participants before they reach age 59 ½ are subject to an additional tax of 10% for Federal and 2.5% for California State. Do you want the additional amounts withheld from your gross distribution to cover penalties? Please check ONE

[10% Federal]	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
[2.5% State]	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

I expressly assume responsibility for any adverse consequences which may arise from the election(s), and I agree that the Plan shall in no way be responsible or liable for any tax, legal or other consequences of the election I have made on this form.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

### **THIS SPACE FOR TRUST FUND USE ONLY**

Amount available in Account \$ \_\_\_\_\_ Previous Hardship? \_\_\_\_\_ Type: \_\_\_\_\_ Date paid \_\_\_\_\_

# Solano-Napa Counties Electrical Workers Profit Sharing Plan

P O Box 1306 ♦ San Ramon, CA 94583  
(866) 544-9880

## **CERTIFICATION OF MARITAL/SINGLE STATUS**

### **PARTICIPANT'S INFORMATION**

Participant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: ☐ Married ☐ Single (Never Married) ☐ Divorced  
☐ Widow ☐ Other (Please Specify): \_\_\_\_\_

### **SPOUSE'S INFORMATION**

A. Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

B. Prior Spouse's Name: (if none, please indicate NONE): \_\_\_\_\_

Date of Prior Marriage: \_\_\_\_\_ Date Marriage Ended: \_\_\_\_\_

Marriage terminated due to: \_\_\_\_\_  
(Death, divorce, dissolution, other (Please Specify))

**Current Information about former spouse:**

Name and Complete Address (if living): \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: IF YOU HAVE HAD MORE THAN ONE MARRIAGE, PLEASE ATTACH A SEPARATE SHEET OF PAPER PROVIDING THE INFORMATION REQUESTED ON ITEM B ABOVE FOR EACH ADDITIONAL MARRIAGE.**

### **COURT ORDERS INFORMATION**

A. Is there a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your accrued benefit?

☐ NO

☐ YES

If you answer yes, please include a copy of the Court Order. If the case is still pending, please indicate the name of the court and the case number.

\_\_\_\_\_

\_\_\_\_\_

# Solano-Napa Counties Electrical Workers Profit Sharing Plan

P O Box 1306 ♦ San Ramon, CA 94583  
(866) 544-9880

Page 2

Certification of Marital/Single Status

**I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE.**

Participant's Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(Must Be Notarized)**

**THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:**

**ACKNOWLEDGMENT**

A Notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

# Solano-Napa Counties Electrical Workers Profit Sharing Plan

P O Box 1306 ♦ San Ramon, CA 94583  
(866) 544-9880

## **SPOUSAL CONSENT FORM**

Form for Spouse to Consent to Participant's Election to Receive Pension Benefits in a form other than the  
Standard 50% Joint & Survivor Annuity

---

I declare under penalty of perjury that \_\_\_\_\_ is my spouse.  
(Participant's Name)

I hereby consent to my spouse's election to receive our pension benefit in a form other than the Standard 50% Joint and Survivor benefit. I understand that this means that if my spouse predeceases me, I will not receive the standard joint and survivor annuity I would otherwise receive as required by law.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Social Security Number

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Spouse's Signature (**Must be Notarized**)

\_\_\_\_\_  
Date



# Solano-Napa Counties Electrical Workers Profit Sharing Plan

P O Box 1306 ♦ San Ramon, CA 94583  
(866) 544-9880

**THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:**

## ACKNOWLEDGMENT

A Notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

# Solano-Napa Counties Electrical Workers Profit Sharing Plan

P O Box 1306 • San Ramon, CA 94583  
(866) 544-9880

## **WAIVER OF 30-DAY NOTICE REQUIREMENT**

I, \_\_\_\_\_, acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 50 % Husband and Wife form, including my right to waive that form with the written consent of my spouse, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30 day notice period and instead elect a 7 day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30 day notice period.

{ } I elect to waive the 30 day notice period.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

### **THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:**

#### **ACKNOWLEDGMENT**

A Notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

# Solano-Napa Counties Electrical Workers Profit Sharing Plan

P O Box 1306 ♦ San Ramon, CA 94583  
(866) 544-9880

## **SPOUSAL CONSENT TO WAIVER OF 30-DAY NOTICE REQUIREMENT**

I am the legal spouse of \_\_\_\_\_. I acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written explanation of the 50 % Husband and Wife form, including my spouse's right to waive the 50% Husband and Wife form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7 day notice period as permitted by federal law. I consent to the election of my spouse to waive the 30 day notice period.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

### **THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:**

#### **ACKNOWLEDGMENT**

A Notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**Withholding Certificate for Nonperiodic Payments and  
Eligible Rollover Distributions**

Give Form W-4R to the payer of your retirement payments.

**2023**

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
---	-----------	----------------------------------

Address
---------

City or town, state, and ZIP code
-----------------------------------

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

<b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	<b>2</b>	%
---	----------	---

**Sign  
Here**

Your signature (This form is not valid unless you sign it.)

Date

**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2023 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

\* If married filing separately, use \$360,725 instead for this 37% rate.

## General Instructions (*continued*)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.