



# WESTERN INDEPENDENT SHOPS PENSION PLAN

7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566  
P.O. Box 1975 • San Ramon, CA 94583 • Phone 925-398-7055 • Toll Free 844-535-7055

For Federal withholding see enclosed W4-P.

## **State Income Tax Withholding**

I am a resident of \_\_\_\_\_.  
State

\_\_\_ I **do NOT** want state income tax withheld from my monthly pension.

\_\_\_ I **do** want state income tax withheld from my monthly pension.

If you do want state income tax withheld from your monthly pension, please complete below to specify which type of withholding you are requesting.

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If you have elected to withhold taxes above, you can have tax withheld in two ways:

- The dollar amount you specify (whole dollars only).
- In an amount equal to 10% of the amount of federal taxes being withheld.

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Please complete either A or B

A. Dollar amount to be withheld from each monthly payment: \$\_\_\_\_\_

B. Please withhold in an amount equal to 10% of the amount of Federal Withholding. \_\_\_\_\_  
Check here

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Retiree Signature

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Date