

# City of Wilmington

Velda Jones-Potter  
City Treasurer



Louis L. Redding City/County Building  
800 French Street  
Wilmington, Delaware 19801-3537  
(302) 576-2480  
treasurer@wilmingtonde.gov

## PENSION PLAN INCOME TAX WITHHOLDING ELECTION FORM IN LIEU OF W4P

\_\_\_\_\_  
Name Employee ID

\_\_\_\_\_  
Social Security Number Telephone Number(s)

\_\_\_\_\_  
Street Address City State Zip

Sign and date the bottom of form. *Your request cannot be processed if the form is not signed.* Return it by mail to the address above or by fax to (302) 573-5568. If you have questions about this form or how to fill it out, call (302) 576-2480.

+++++

- I elect **NO FEDERAL** income tax to be withheld from my monthly pension.  
 I elect **NO STATE** income tax to be withheld from my monthly pension.
- I elect to have my monthly withholdings calculated using the tax tables based on the following marital status and number of allowances:

Federal Withholdings:

- Single ~ # of allowances \_\_\_\_\_  Married ~ # of allowances \_\_\_\_\_  
 Married, but withhold at the higher single rate ~ # of allowances \_\_\_\_\_  
 Also, withhold \$ \_\_\_\_\_ in addition to this calculation

State Withholdings:

- Single ~ # of allowances \_\_\_\_\_  Married ~ # of allowances \_\_\_\_\_  
 Married, but withhold at the higher single rate ~ # of allowances \_\_\_\_\_  
 Also, withhold \$ \_\_\_\_\_ in addition to this calculation

- I elect to have **ONLY** the following flat dollar amount withheld from my monthly pension:  
 Federal Tax Withholding: \$ \_\_\_\_\_ State Tax Withholding: \$ \_\_\_\_\_

- I elect to have the following dollar amount withheld **IN ADDITION** to my current monthly withholdings:  
 Federal Tax Withholding: \$ \_\_\_\_\_ State Tax Withholding: \$ \_\_\_\_\_

+++++

*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 notifying the City Treasurer's Office Pension Division **in writing** at:*

City Treasurer's Office  
Pension Division  
City/County Building  
800 North French Street, 5th Floor  
Wilmington, DE 19801

\_\_\_\_\_  
Signature of Pensioner or Power-of-Attorney Date