



CITY OF SUNRISE POLICE OFFICERS' RETIREMENT SYSTEM
13790 NW 4 Street, Suite105
SUNRISE, FLORIDA 33325



WITHHOLDING CERTIFICATE FOR PENSION or ANNUITY PAYMENT- FORM W-4P

Name: _____

Social Security Number: _____

Complete one of the following applicable lines:

1. Please keep my withholding the same as last year (if applicable) _____
2. Please withhold the following monthly amount from my pension check _____
3. Please withhold the following amount from my drop annuity check _____
4. I elect not to have income tax withheld from my pension or annuity _____
5. I want my withholding from each periodic pension or annuity payment to be figured using _____ allowances and the marital status reflected below. *(You may also designate a dollar amount on line 3)*
6. Marital status: ___ Single ___ Married ___ Married *but withhold at higher Single rate*
7. I want the following additional amount withheld from each pension or annuity payment _____

Your Signature: _____ **Date:** _____

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.