

Pension Application

TREASURERS & TICKET SELLERS UNION LOCAL 751 PENSION FUND

1430 Broadway, Room 1803

New York, N.Y. 10018

Tel: 212-302-7300

Fax: 212-944-8687

Instructions:

Please read all questions carefully and type all answers. Be sure to sign and date this application, and have all signatures notarized (or witnessed by a Plan Representative) where indicated. Mail the completed application to the Fund Office at the address above. You must enclose proof of age for yourself and, if applicable, proof of age for your spouse and proof of marriage. Please see the enclosed "Proof of Birth Instructions for Applicant" for information on what is acceptable proof of age.

Personal Data:

1. Name _____
Last First Middle

2. Address: _____
Number & Street City State Zip

3. Social Security #: _____ Date of Birth: _____

4. Last date you worked, or intend to work, in Covered Employment (or, if younger than 62, for an employer that contributes to the Fund in any capacity):

_____/_____/_____
Mo. Day Year

Name of present employer: _____

Your position with employer: _____

(Revised 12/2022)

TYPE OF PENSION AND START DATE REQUESTED

Before you select the type and form of your pension, please review the "Relative Value Benefit Options" section below, starting on page 8.

5. If eligible, I want to retire with a (check one type of pension), on the date below:

- NORMAL PENSION** – For employees who have attained age 62 with at least 15 years of Service Credit.
- EARLY RETIREMENT PENSION** – For employees between the ages of 57 and 62 with at least 15 years of Service Credit.
- VESTED PENSION** – For employees who have attained age 62 with at least 5 years of Vesting Credit.
- DISABILITY PENSION** – For employees who have completed at least 10 years of Service Credit. (*Copy of Social Security Disability Award must be enclosed.*)

REQUESTED PENSION START DATE: _____

Remember that your Pension Start Date must be after (a) the Fund receives your completed application with required documentation (e.g., proof of date of birth), *and* (b) you meet all the requirements for the pension you are requesting.

6. **JOINT AND SURVIVING SPOUSE PENSION (To be completed by ALL Pension Applicants).**

Please check the appropriate box on the following pages and complete the corresponding section.

If you are not married, the Joint and Surviving Spouse Pension is not available and you must check Box A, complete the information requested and have your **signature notarized**.

If you are married, you must check Box B, C or D. If you check Box B, you and your spouse must complete the Employee's Statement and Spouse's Statement and have your **signatures notarized or witnessed by a Plan representative**.

The Plan will pay your benefit as a Joint and Surviving Spouse Pension if you are married as of your pension start date, unless you and your spouse reject that form of payment. The Joint and Surviving Spouse Pension provides for reduced pension to you during your lifetime, and, when you die, a life time pension to your surviving spouse equal to **50%, 75%, or 100%** (as elected) of your pension, provided you and your spouse were married for at least one year at the time of your death.

If you and your spouse reject the Joint and Surviving Spouse Pension, you will receive a higher amount, but no pension continues to your spouse after your death except under the 60-Month Benefit Guarantee.

Please check and complete only one of the appropriate four boxes on Page 3 (A), Page 4 (B) and Page 7 (C or D). If you are married and both you and your spouse do not reject the lifetime **50%, 75%, or 100%** Joint and Surviving Spouse Pension (Box B), your pension must be paid as a 50% Joint and Surviving Spouse Pension.

- A. **I am not legally married** at the present time. I (please check one box below):
- Never married.
 - Am widowed. (*Attach a copy of the death certificate for your late spouse.*)
 - Am divorced. (*Attached a full copy of your divorce papers, including the property settlement.*)

I understand I am entitled to the 60-Month Benefit Guarantee listed under Section 8 of the Plan. I name as my beneficiary for the survivor benefit the following:

Beneficiary Name Relationship to me

Beneficiary Address

Beneficiary Telephone #

Beneficiary Social Security #

I certify that the above information is true and correct and that the Fund will, based upon this information, pay my pension benefit in a form other than a 50% Joint and Surviving Spouse Pension.

Print Your Name (Member)

Signature

Date

TO BE COMPLETED BY NOTARY PUBLIC

State of _____)

County of _____)

SS:

On the _____ day of _____ 20____ before me came

[Name of Employee]: _____

known (or satisfactorily proven) to me to be the person who executed the foregoing statement. In witness whereof, I hereunto set my hand.

Notary Public

B. I am legally married and my spouse and I DO **NOT** wish to receive the pension to which I am entitled in the form of a lifetime **50%,75%, or 100%** Joint and Surviving Spouse Pension.

Employee/Participant Waiver Statement

My spouse and I understand that as a result of our rejecting the Joint and Surviving Spouse Pension, my spouse will not be paid a lifetime pension from the Plan after my death. We further recognize that because of this rejection, the pension paid to me while I am living will be higher than it would be if it were paid as a Joint and Surviving Spouse Pension.

I understand that I have a right to at least 30 days to consider whether to waive the Joint and Surviving Spouse Pension. If my requested pension start date is less than 30 days from the date I received this application, I hereby waive the 30-day election period by electing such pension start date and I understand that the 30-day period will be reduced to 7 days.

I understand that this waiver will not be effective without the written consent (witnessed by a notary or Plan representative) of the person to whom I am married at the time of this application.

I hereby direct the Fund to pay any portion of the 60-Month Benefit Guarantee due upon my death, pursuant to Section 8 of the Plan, to the following beneficiary.

Name of Beneficiary Relationship to me

Address

I hereby swear that the person completing the Spouse's Waiver Statement below is my current legal spouse.

Your Signature Date Your Social Security

Spouse's Waiver Statement

I understand I have a legal right to the Joint and Surviving Spouse Pension that pays a lifetime pension to me in the event my spouse dies before me in an amount equal to 50% of my spouse's benefit at the time of his death. I understand my spouse cannot waive the Joint and Surviving Spouse Pension without my consent. I hereby consent to my spouse's waiver of the Joint and Surviving Spouse Pension. I understand that as a result of my consent to waive the Joint and Surviving Spouse Pension, I will not be paid a lifetime pension from the Treasurers and Ticket Sellers Local 751 Pension Fund when my spouse dies.

I also voluntarily consent to the designation of the beneficiary named above for the 60-Month Benefit Guarantee (should my spouse die before receiving 60 monthly pension payments). I understand that unless I voluntarily execute the optional General Consent to Future Beneficiary Changes below, my spouse cannot change the beneficiary named above without my consent.

I understand I do not have to sign this Waiver Statement and am doing so voluntarily. If I refuse to sign, my spouse will receive the Joint and Surviving Spouse Pension.

Spouse's Signature

Date

Spouse's Name

Spouse's Social Security Number

TO BE COMPLETED BY NOTARY PUBLIC or PLAN REPRESENTATIVE:

State of _____)

) SS:

County of _____)

On the _____ day of _____ 20____ before me came _____ and
Employee

Spouse

known (or satisfactorily proven) to me to be the persons who executed the foregoing Waiver Statements. In witness whereof, I hereunto set my hand.

Notary Public/Plan Representative

Optional: SPOUSE'S GENERAL CONSENT TO FUTURE BENEFICIARY CHANGES

The employee's spouse should complete this optional section only if such spouse wants to agree to allow the employee to make future changes to the beneficiary named above without the spouse's consent. Otherwise leave blank.

I, _____, swear that I am the legal spouse of the employee described above.

I acknowledge that I have a right to limit my consent only to the beneficiary named above for the 60-month death benefit, and I voluntarily elect to relinquish such right. By signing below, I am agreeing that my spouse can change the beneficiary named above in the future without my consent. I understand I do not have to sign this General Consent to Future Beneficiary Changes and am doing so voluntarily.

Spouse's Signature

Date

TO BE COMPLETED BY NOTARY PUBLIC or PLAN REPRESENTATIVE:

State of _____)
) SS:
County of _____)

On the _____ day of _____ 20____ before me came _____

known (or satisfactorily proven) to me to be the person who executed the foregoing statement. In witness whereof, I hereunto set my hand.

Notary Public/Plan Representative

C. I wish to receive the pension to which I am eligible in the form of a
50% 75% 100% **Joint and Surviving Spouse Pension.**

With this pension, in the event of my death before my spouse, my surviving eligible spouse will receive **50%, 75%, or 100%** (as elected) of my reduced benefit for his or her lifetime. With this pension I understand that:

- (1) The Pension Guarantee listed under Section 8 of the Plan will not apply.
- (2) If my spouse predeceases me or we divorce, the amount of my pension will continue to be paid in the reduced amount for my lifetime.
- (3) If my spouse and I divorce after my pension becomes payable, the election remains in effect and he or she will (should he or she survive me) receive the benefit under the Joint and Surviving Spouse Pension for his or her lifetime unless a qualified domestic relations order states otherwise.
- (4) I must have been married to my spouse for at least one year at the time of my death for my spouse to be eligible to receive the Joint and Surviving Spouse Pension. If I die before we have been married for one year my spouse will not receive the Joint and Surviving Spouse Pension for his or her lifetime.

ATTACH COPIES OF PROOF OF DATE OF BIRTH FOR YOU AND YOUR SPOUSE AND YOUR MARRIAGE CERTIFICATE.

Print Your Name

Signature

Date

Spouse's Name

Spouse's Social Security Number

D. I may wish to receive my pension benefits in the form of a Joint and Surviving Spouse Pension and wish to be informed of the exact amount of the pension benefits payable to myself and my spouse under the Joint and Surviving Spouse Pension. I understand that I must send this page and page 1 to the Fund along with proof of date of birth for my spouse and myself and the date I wish my pension to start if I want a more precise estimate before submitting my completed application.

My Spouse's date of birth is: _____ / _____ / _____
Mo. Day Year

Benefits Payment Options Relative Value Information

IRS regulations require plans, such as the Treasurers and Ticket Sellers Local 751 Fund Pension Plan ("Plan"), to give retiring participants a comparison of the relative values of the benefit payment options generally available to them. The goal is to help you make an informed choice about the form in which you receive your retirement benefits.

What Is Relative Value?

Relative value means the actuarial present value of each optional form of payment compared to the actuarial present value of the normal form of payment under a plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop "average life expectancies."
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

What Are the Relative Values Under Our Plan?

Under the Plan, the normal (default) forms of payment are the:

- 50% Joint and Surviving Spouse Pension for married participants; and
- Single Life Annuity with 60-month Benefit Guarantee for unmarried participants.

For married participants the optional forms of payment are:

- 75% Joint and Surviving Spouse Pension, and
- 100% Joint and Surviving Spouse Pension

In general, the optional forms of payment available under our Plan have approximately the same actuarial present value as the normal form. This is true for participants retiring on a non-disability pension between ages 57 and 65 with a spouse up to three years younger or older. It is also true for participants retiring on a disability pension between ages 45 and 65 with a spouse up to three years younger or older.

How Was This Determined?

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are fairly technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

What Does This Mean to Me?

This means that the optional forms of payment provided by the Plan have relatively the same value as the normal form of payment under the Plan. However, it is important that you realize

that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long you and your spouse or beneficiary in fact live and on you and your spouse's age when payments start.

If you would like a more individualized comparison, upon your written request, you will be provided with the relative values, based on your own age and estimated benefits, between your normal form of payment and on any other forms of payment that you are eligible for. We will also provide you with the details of the actuarial assumptions used to make the comparison. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

To obtain an individual relative values estimate, please send a written request to
Fund Manager – 751 Pension Fund
1430 Broadway, Room 1803
New York, N.Y. 10018
Tel: 212-302-7300.

7. **WITHHOLDING FEDERAL INCOME TAX FROM YOUR BENEFIT**

A. _____ **DO NOT** withhold Federal income tax from my pension benefits.

B. _____ **Please withhold** Federal income tax from my pension benefit.
If you have checked this portion, you must complete a W-4P form available from the Fund Office.

8. **SUSPENSION FOR WORK AFTER RETIREMENT**

I understand that if I work in "Disqualifying Employment" (as defined in Section 13.1 of the Plan and page 23 of the Summary Plan Description) after my pension commences, I will be subject to the Suspension of Benefits rules set forth in Section 13 of the Plan. I am specifically aware of and will comply with those rules, which provide as follows: If I work in Disqualifying Employment after I commence my Pension, but before age 65, I will be suspended for each month of such work, and for an additional 6 months if I fail to notify the Trustees in advance of such employment; on and after age 65 my monthly pension payments will be suspended if I work 8 or more days in Disqualifying Employment in any given month. Disqualifying Employment is generally any employment in the theatrical, entertainment or amusement industry within the geographic area covered under the Plan as a treasurer, assistant treasurer, or ticket seller, or an employee of the union, or any other position for which you received contributions to the Plan. The Suspension of Benefit rules also provide that my pension will not be suspended after the calendar year in which I reach 70 ½, regardless of the number of hours I may work in disqualifying employment.

9. RETIREMENT STATEMENT

I declare that

- I have ceased working in employment requiring contributions to the Plan (or am about to cease work on the date indicated in Section 4 on page 1, above);
- If I am younger than 62 I have ceased working in any capacity for any employer contributing to the Plan (or am about to cease work on the date indicated in Section 4 on page 1, above)
- I will be bound by the Rules and Regulations of the Plan; and
- I will personally endorse each pension check or have it electronically deposited to an account designated by me.

All of the above statements made in this Application are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Applicant Signature

Date

Verification of receipt by the Fund Office:

NAME

SIGNATURE

DATE

Updated 12/2022

PROOF OF BIRTH

INSTRUCTIONS FOR APPLICANT

To be eligible for Treasurers & Ticket Sellers Local 751 Pension Fund benefits, you are required to provide proof of your age. The following is a list of documents which are acceptable as proof of your date of birth. Some of these documents are better proof than others. **This list is arranged starting with the best type of proof.**

You are required to furnish the best type of proof that is available. It is recognized, of course, that in rare cases a birth certificate will not be available, particularly for those born outside the United States. In that case, you must secure the next best type of proof on the list below. If you are unable to provide a birth certificate you will need to provide an explanation as to why such document is not available. Additional proof of your birth may be required if the document which you submit is not sufficient, or is not legible. **Photocopies of your proof are acceptable, but they must be certified. If you cannot provide one of the forms of proof listed below, you will need to explain why and provide other evidence satisfactory to the Trustees of your date of birth.**

If you are applying for a Joint and Surviving Spouse Pension, you must also provide proof of your spouse's date of birth.

ACCEPTABLE FORMS OF PROOF OF BIRTH

1. Birth Certificate.
2. A Baptismal certificate or statement as to the date of birth shown by a church record or certified by the custodian of such record.
3. Proof of registration of birth in a public registry of vital statistics.
4. Hospital Birth Record certified by the custodian of such records.
5. Naturalization record.
6. Immigration Papers.
7. Military Record.
8. Passport.
9. Marriage certificate or copy of marriage records or showing date of birth, certified by the custodian of records

NOT ACCEPTABLE AS FORMS OF PROOF OF BIRTH

- X Drivers License
- X Social Security Card

**Withholding Certificate
for Periodic Pension or Annuity Payments**

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2024

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

**Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3:	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependent and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment	4(c) \$ _____

**Step 5:
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-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

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. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. 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, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

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 federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. 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 being treated as a single person with no other entries on the form; 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.

**TREASURERS AND TICKET SELLERS LOCAL 751
PENSION FUND
1430 BROADWAY, Room 1803
NEW YORK, NY 10018**

AUTHORIZATION FOR DIRECT DEPOSIT OF PENSION BENEFIT

I authorize the LOCAL 751 PENSION FUND and the bank indicated below to deposit my Pension check automatically to my account each month. If monies to which I am not entitled are deposited in my account, I authorize the LOCAL 751 PENSION FUND to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

NAME: _____
(PRINT)

ADDRESS: _____

SS#: _____

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT #: _____

BANK ABA (ROUTING) #: _____

*****PLEASE ATTACH A VOIDED CHECK*****

SIGNATURE

DATE