

Withholding Certificate for Pension or Annuity Payments (Form W-4P Combo - Fed & State)

This form replaces any prior W-4P you may have completed.

Form W-4P

2019

Type or print your full name	Phone Number	Your Social Security Number
Home address (number and street or rural route)		Employee / Payee Number
City or town, State, and ZIP code		

Federal Withholding:

Complete the following applicable lines:

1. Check here if you do not want any **FEDERAL** income tax withheld from your pension or annuity.....
(Do not complete lines 2 or 3)
2. Total number of allowances and marital status you are claiming.
(You may also designate a dollar amount on line 3) _____ (# of Allowances)
Marital Status: Single Married Married, but withholding at higher Single rate
3. Additional amount, if any, you want withheld from each pension or annuity payment.
NOTE: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2 \$ _____

State Withholding:

This portion of the form is not required unless your permanent residence is one of the following states: **California, Delaware, Georgia, Iowa, Kansas, Massachusetts, Maine, Nebraska, North Carolina, North Dakota, Vermont or Virginia.**

- **MI** - If you are a resident of **Michigan** you're also required to submit a **MI W-4P**.
- **CT** - If you are a resident of **Connecticut** you're also required to submit a **CT-W4P**.

If you are a resident of any other state, you may request state tax withholding from your pension, however it is not required.

State of Permanent Residence: _____

Complete the following applicable lines:

1. Check here if you do not want any **STATE** income tax withheld from your pension or annuity.....
(Do not complete lines 2 or 3)
2. Total number of allowances and marital status you are claiming.
(You may also designate a dollar amount on line 3)..... _____ (# of Allowances)
Marital Status: Single Married Married, but withholding at higher Single rate
3. Additional amount, if any, you want withheld from each pension or annuity payment.
NOTE: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2 \$ _____

Your Signature **X**

Date

FOLLOWING THE RECEIPT OF THIS FORM, THIS CHANGE WILL BECOME EFFECTIVE ON YOUR NEXT AVAILABLE PENSION PAYMENT

Please allow up to 10 business days for processing

DOW RESTRICTED

Instructions for completing Federal Withholding Form

This portion of the form permits these options for withholding federal income tax from a monthly retirement benefit.

Line 1. Check this line only if you want no tax withheld – no other line should be completed if line 1 is chosen.

Line 2. Complete this line if you want federal tax withheld based on marital status and the number of allowances you indicate.

Line 3. Line 3 is tied to line 2 and can only be completed if line 2 is also completed. After indicating your marital status and the number of allowances in line 2, if you need to have additional tax withheld, that additional amount should be shown in line 3.

To have a specific dollar amount withheld, fill in line 2 as married or single with 99 allowances. This will result in a withholding tax calculation of zero. Specify the dollar amount you want withheld from each qualified pension payment on line 3.

Instructions for completing State Withholding Form

This portion of the form permits these options for withholding state income tax from a monthly retirement benefit.

Line 1. Check this box if you do not want any tax withheld from your payment.

If you are a resident of **Michigan** you're required to submit a **MI W-4P**.
If you are a resident of **Connecticut** you're required to submit a **CT-W4P**.

If you reside in **California, Delaware, Georgia, Iowa, Kansas, Massachusetts, Maine, Nebraska, North Carolina, North Dakota, Vermont or Virginia** this option is not available to you unless you have made a similar election for federal purposes.

Line 2. If you want withholding based on a specified number of allowances, write the number on this line and check the filing status box you want.

Line 3. Indicate an additional amount to be withheld from each payment. **Note:** You cannot enter an amount here without entering the number (including zero) of allowances on line 2.

To have a specific dollar amount withheld, fill in line 2 as married or single with 99 allowances. This will result in a withholding tax calculation of zero. Specify the dollar amount you want withheld from each qualified pension payment on line 3.

Please complete the form within the above guidelines. The form itself may not be changed.

For more information on federal tax withholding, please go to <http://www.irs.gov/> for details.

For state tax withholding forms, please go to <https://www.forwardair.com/SelfService/statetaxwithholding.pdf> .

Mail to:

NA Payroll / Time and Absence (W-4P)
The Dow Chemical Company
PO Box 1729
Midland MI 48641-9910

Fax to: (866) 253-6490

Email to: FMDPFAX@dow.com Encrypted with password and send password in separate email.

Please allow up to 10 business days for processing

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