



City of Knoxville Pension System
917B East Fifth Avenue
Knoxville, TN 37917-7737
Phone: (865) 215-1444
Fax: (865) 215-1440

FEDERAL INCOME TAX WITHHOLDING
Substitute Form W-4P

Member's Full Name _____ Effective Date of Change _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

Complete the following applicable lines:

- 1) Check here if you DO NOT WANT ANY federal income tax withheld from your pension. (Don't complete line 2, 3, or 4) ➤
- 2) Total number of allowances and marital status you're claiming for withholding from each periodic pension. ➤ _____
(enter number of allowances)
Single Married
Married, but withhold at higher Single rate
➤ _____
Additional amount, if any, you want withheld from each pension payment. (additional amount)
- 3) Exact amount you want withheld from each pension payment ➤ _____
(Don't complete lines 1, 2, or 4) (exact amount)
- 4) Percentage you want withheld from each pension payment ➤ _____
(Don't complete lines 1, 2, or 3) (percentage)

Member Signature _____ Date _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____