



**CITY OF HOLLYWOOD
POLICE OFFICERS' RETIREMENT SYSTEM
4205 HOLLYWOOD BLVD., SUITE # 4
HOLLYWOOD, FLORIDA 33021**

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 _____
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Your Signature: _____ Date: _____