SERS
State Employees' Retirement System

NONOCCUPATIONAL DISABILITY BENEFIT APPLICATION PACKET

STATE EMPLOYEES' RETIREMENT SYSTEM OF ILLINOIS

SERS
State Employees' Retirement System
srs.illinois.gov

2101 South Veterans Parkway
P.O. Box 19255
Springfield, IL 62794-9255

217-785-7444
Email: sers@srs.illinois.gov

Nonoccupational Disability Fact Sheet

Disability and Social Security Benefits

You may be eligible for Social Security (SS) disability benefits if your disability lasts more than 12 months. SERS contracts with a firm specializing in assisting members through the SS disability application process.

If your case is not accepted by the firm and you remain disabled for more than 12 months, you must directly apply for SS disability benefits to the Social Security Administration (SSA). SERS reduces your benefit by the amount you receive for SS disability.

There are specific rules around your benefit if you are approved for SS disability benefits. Contact us as soon as possible if you are approved.

Working while disabled

You can work outside of state government and earn up to the calendar quarterly earnings limitation without disrupting your disability benefit. If you exceed the earnings limitation, you may not be eligible for benefits and you will need to pay the difference in the earnings and the limitation to SERS.

During your disability, you may be contacted regarding your disability, current medical treatment and other daily activities. You may also be asked to undergo an independent medical examination. Your cooperation is vital to the disability investigation process to ensure your benefit is not interrupted.

Nonoccupational disability benefits are available to state employees who are disabled from non-work-related causes and have met the eligibility requirements.

Eligibility

In order to qualify for nonoccupational disability you must have:

- 18 months of creditable service with SERS (Teachers' or State Universities Retirement Systems' service credit can also be used to establish 18 months with SERS).
- Used all accrued sick days.
- Been granted a medical leave of absence from your agency.
- Submitted a medical report to our office by a licensed medical professional.
- SERS find you disabled from performing your assigned job duties.

Benefits start to accrue 31 days after your absence from work, or the day after you were last paid, whichever occurs last. The benefit for Tier 1 members (individual who became a member of SERS or a reciprocal system before 1/1/11) is 50% of your monthly salary in effect on the date you last receive wages from your employer, or your final average compensation, whichever is higher. The benefit for Tier 2 members (individual who became a member of SERS or a reciprocal system after 12/31/10) is 50% of your final average compensation.

You will continue to receive your benefit until one of the following:

- Your disability has ended.
- You return to work or become gainfully employed.
- Your disability payments have been made for a period of time equal to half of your earned service credit.
- If your benefit begins *before* age 60, it will cease at age 65.
- If your benefit begins *at* age 60 or older, it will cease after five (5) years, subject to the one-half service credit limitation.
- You fail to cooperate with SERS.

Every January and July a new medical form is sent to you, which must be completed by your provider. You are not required to have an exam if you've seen your provider within the last two months, however your provider must still complete the form, attach the most recent exam notes and return to SERS. You will also receive a Certificate of Disability form, which must be completed and returned to SERS within 60 days of receipt.

Call SERS at 217-785-7444 if you have questions or need assistance with your disability benefit.

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Nonoccupational Disability Checklist

All of the following must apply:

- ☐ You must be granted a medical leave of absence from your employing agency.
- ☐ You must use all accumulated sick time.
- ☐ You must complete a 30-day waiting period beginning on your last day worked (sick time and vacation time can be used to fulfill this requirement).
- ☐ An approved medical leave of absence by your agency does not guarantee your approval for a SERS nonoccupational disability benefit. You must also be deemed disabled by SERS from performing your job duties.

Required forms/documents:

- ☐ A completed Disability Benefit Application (Form 3924_non).
- ☐ A photocopy of your official birth certificate, if not already on file (see Form 3928).
- ☐ A signed Release of Information Authorization (Form 3934). This form must be signed and dated by a witness on the same date as your signature for acceptance.
- ☐ A completed Nonoccupational Disability Medical Report (Form 3114) signed by a licensed healthcare professional.
- ☐ All medical records relevant to the disabling condition and any treatments received. This may include office visit notes, hospital discharge summaries, x-ray and/or MRI results, and any other related test results.
- ☐ If age 66 or older, a completed Unreduced Social Security Pension Estimate (Form 3129).
- ☐ If receiving SSA disability benefits, a copy of the SSA disability benefit award letter.

If SERS deems you have submitted insufficient medical evidence to make a final determination, then processing of your claim will be suspended, and additional medical evidence will be requested from you. SERS will not request or pay for medical evidence from your providers. It is the member's responsibility to provide the necessary documentation in support of their claim.

SERS will contact your agency regarding your payroll information and job description. Your agency cannot complete the required information until a medical leave of absence is granted.

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Nonoccupational Disability Benefit Application

Please print or type

Member information

Name _____

SSN *(last 4)* **or Member ID** _____

Address *(Street)* _____

(City, State, Zip) _____

Phone number
(H) _____
(W) _____
(C) _____

Email address _____

Date of Birth _____

Disability information

1. Title of your position _____
2. Date disability began (MM/DD/YY) _____
3. Date ceased work (MM/DD/YY) _____
4. Granted a medical leave of absence? ☐ Yes ☐ No
5. Returned to work? ☐ Yes ☐ No
6. Date returned to work (MM/DD/YY) _____
7. Date expected to return to work (MM/DD/YY) _____
8. Describe accident or illness that caused disability: _____
9. Have you applied for a Social Security Benefit? ☐ Yes ☐ No
10. Have you applied for any type of Social Security benefit? ☐ Yes ☐ No
11. Has a final determination been made by Social Security? ☐ Yes ☐ No
12. Are you currently receiving a Social Security benefit? ☐ Yes ☐ No

    If yes, indicate benefit type _____
13. Have you ever been a member of the State Universities Retirement System of Illinois? ☐ Yes ☐ No
14. Have you ever been a member of the Teachers' Retirement System of Illinois? ☐ Yes ☐ No

3924_non (R-12-22)

Carefully read each section below and initial each line to acknowledge you understand.
Each line must be initialed, check marks are unacceptable.

INITIALS

_____ 1. I authorize SERS to have a representative review my file for the purpose of evaluating the eligibility of qualifying for disability benefits from the Social Security Administration (SSA), and which a representative may contact me concerning the filing of such a claim. If I am receiving disability benefits or I am eligible for a retirement annuity from SSA, I understand that SERS will offset that amount from my SERS benefit.

_____ **2. If I receive a SSA retroactive disability award, this will create an overpayment of SERS disability benefits which I will have to pay back to SERS. I will contact SERS as soon as a determination has been made on my SSA claim.**

_____ 3. I understand that my failure to reimburse SERS from the proceeds of a retroactive SSA disability award will result in SERS withholding any amount due for future disability, death and/or refund claim payments until the overpayment is paid in full. Failure to cooperate may result in an Involuntary Withholding Order being placed with the Illinois Comptroller's Office, or the case being referred to the Attorney General's Office for collection efforts.

_____ 4. I authorize the exchange of information with licensed medical professionals performing independent medical consultations. I also agree to permit SERS to furnish documentation to the appropriate agency for the purpose of documenting my leave status.

_____ 5. I hereby certify that I have not been gainfully employed during the time I am claiming disability. I will notify SERS immediately when my disability ceases; or when I return to state employment; or when I accept other gainful employment. I authorize SERS to apply any future disability benefits, pension benefits, death benefits or refund of contributions to any excess disability benefit I may have received until the excess disability benefit is repaid in full.

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ **Date** _____

_____ _____

Name **SSN** *(last 4)* **or Member ID**

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Birth Certificate Notice

We need a copy of your birth certificate to complete your record. Please write the last four digits of your social security number or your member ID on the copy you provide. It does not need to be a certified copy.

Any member applying for a retirement annuity, survivor's annuity or any disability benefit must submit a copy of their birth record issued by the state/county of birth as proof of your birth date.

If you do not have a copy of your birth certificate, it will be necessary that you obtain a copy from the state/county in which you were born.

If no record exists, you must submit a signed affidavit from the state/county certifying that no birth record exists. Along with the signed affidavit, the following documents may be submitted for consideration of proof of birth date:

- Military records;
- Marriage record showing date of birth;
- Evidence of Social security payments that require you to reach a specific age;
- Church record of birth or baptism;
- Valid passport;
- Valid driver's license; or
- Two or more documents showing date of birth, such as naturalization papers, insurance policies, school or medical records.

If none of the above documents are available, an affidavit from a parent, adult sibling or relative having knowledge of your date of birth may be considered. If you need information on where to contact for your birth record, please contact our office at 217-785-7444.

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Release of Information Authorization

I authorize any licensed medical professional, hospital, insurer, the Social Security Administration or another organization have any records, data or information concerning me to furnish such records, data or information to the State Employees' Retirement System of Illinois (SERS).

The type of information to be disclosed includes the patient's entire medical record, employment record (including salary postings) or a record of all benefit payments.

I understand that the information being disclosed may include information relating to sexually transmitted disease, acquire immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, treatment for alcohol and drug abuse and generic health information from medical records.

The information for which I am authorizing disclosure will be used for establishing eligibility for disability benefits from SERS.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.

This authorization will expire 12 months from the date of signature listed below, unless otherwise revoked.

I understand that once the above information is received, it may be disclosed by the recipient to other authorized State entities that may be involved in the process to evaluate my eligibility for State funded disability benefits, and as a result, may no longer be protected by federal privacy regulations. SERS is not liable for any consequences of such redisclosure.

I understand that authorizing the use or disclosure of the information identified is mandatory to establish my eligibility for disability benefits.

Name _____

SSN *(last 4)* **or Member ID** _____

Address *(Street)* _____

(City, State, Zip) _____

Phone number
(H) _____
(W) _____
(C) _____

Email address _____

Date of birth _____

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Signature _____ **Date** _____

Witness* _____ **Date** _____

**Must be age 18 or older.*

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Nonoccupational Disability Medical Report

The employee named below has applied for disability benefits from the State Employees' Retirement System. Please complete and return this form using the contact information above. The employee's eligibility for benefits cannot be determined until we receive this information. ***This form is acceptable only if completed by a licensed healthcare professional.***

Employee information

Name _____ **Date of birth** _____

SSN _____

Medical information

Diagnosis and concurrent conditions: _____

_____

Current symptoms: _____

_____

Pregnancy: *(Expected delivery date)* _____ **Delivery was:** ☐ Vaginal delivery ☐ Cesarean Section

Please list results of appropriate diagnostic studies: _____

_____

Nature of treatment and dates: *(Enclose a copy of your office records if more convenient)* _____

_____

_____

Onset date of disability: _____ **Date the patient's impairment kept them from working?** _____

Is the patient still under your care for the diagnosis listed above? ☐ Yes ☐ No

Date patient is released to return to work: _____

Restrictions: _____

_____

_____

By signing below, I certify this information is correct. I am aware that, under the Illinois Pension Code (40 ILCS 5/1-135), any person who knowingly makes any false statement or falsifies or permits to be falsified a record in an attempt to defraud SERS is guilty of a Class 3 felony. I understand that, if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate state's attorney for investigation.

The above named individual appeared before me for medical examination. The diagnosis, treatment and remarks are my professional opinion.

Printed name _____ **Date** _____

Signature _____ **Specialty** _____

License/NPI Number _____ **Phone** _____

Address _____ **Fax** _____

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Return to Work Notice

As stated and initialed on your signed disability benefit application, it is your responsibility to notify SERS of your return to work date. SERS disability benefits cease on the day prior to your return to work and it is imperative you report your return to work in a timely manner.

Failure to report your return to work timely will result in the overpayment of disability benefits that must be repaid to SERS immediately, or will lead to payroll deductions.

Please contact the SERS Call Center at 217-785-7444 or send an email to SERS@srs.illinois.gov to timely report your return to work and avoid an overpayment. The release from your healthcare professional should be provided to your agency.

Please be aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. If the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

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Gainful Employment Notice

While receiving a disability benefit from SERS, you may not work for the State of Illinois in any capacity.

While receiving a disability benefit from SERS, you may earn up to $3,660 in gross income per calendar quarter from other employers.

Gross income, which also includes self-employment income, over $3,660 per calendar quarter will result in the suspension and/or termination of your SERS disability benefits. This also impacts your access to group healthcare insurance and other group insurance benefits.

All disability recipients complete a continuous recertification process where SERS reviews information provided by the Illinois Department of Employment Security. SERS reviews and investigates disability claims continually to minimize fraudulent benefits and claims.

Please be aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. If the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Failure to report outside employment and quarterly income above $3,660 may be considered an attempt to defraud SERS.

If you have any questions about gainful employment, please call the Call Center at 217-785-7444 or send an email to SERS@srs.illinois.gov.

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Coordination of Social Security Administration (SSA) Benefits

If you are receiving disability benefits or a retirement annuity from the SSA, please contact SERS immediately if you have not done so already.

In accordance with the Illinois Pension Code, the original monthly gross disability benefit you receive from SERS must be reduced by any monthly benefit you receive from a SSA disability benefit or SSA retirement annuity.

As stated and initialed on your signed disability benefit application, it is your responsibility to notify SERS if you receive a SSA retroactive disability award. If a portion of the award coincides with a period of time you were also paid SERS disability benefits, you have been overpaid. Any overpayment owed to SERS must be repaid immediately, or will lead to benefit and/or payroll deductions.

Failure to comply could result in SERS applying your full benefit payments towards the overpayment. If you are no longer on a SERS benefit, all legal means available will be used to recover the amount due, including but not limited to, withholding of future benefit payments or refunds and involuntary withholding orders.

During the first year you receive SERS disability benefits, you will be contacted by the Disability Section to assist you in filing for SSA disability benefits. This is required if you remain disabled on a SERS benefit beyond 12 months.

Please be aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. If the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

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Unreduced Social Security Pension Estimate

To be completed if you are currently age 66 or greater

Member information

Name _____

Address *(Street)* _____

(City, State, Zip) _____

Email address _____

Phone number
(H) _____
(W) _____

SSN _____

I hereby authorize the Social Security Administration to furnish the information requested below to the State Employees' Retirement System of Illinois (SERS). This information is required to calculate benefits payable to me by SERS.

By signing below, I certify this information is correct and that I am aware that knowingly making a false statement or falsifying a record in an attempt to defraud SERS is a class 3 felony. I understand that if the SERS Board of Trustees has a reasonable suspicion that an attempt has been made to defraud SERS, it is required to report the matter to the appropriate State's Attorney for investigation.

Member signature _____ **Date** _____

Social Security Administration only

Please complete this form based on the workers' record for unreduced retirement benefits he/she would be eligible to receive on the date indicated below.

Unreduced Social Security retirement benefits as of _____ **would be** _____.

Signature _____ **Date** _____

Title _____ **District Office** _____

Send information to:

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Payroll Deduction for Optional Service Credit

If you are purchasing optional service credit through payroll deduction, please note that this deduction will cease while you are off the payroll.

Upon returning to work, it is your responsibility to contact your agency's payroll officer immediately to set up a "catch up" schedule. One option is to double the payroll deduction for the number of pay periods that deductions were missed. *(Ex: For 8 deductions of $15.00 missed payments, the agency may deduct $30.00 for 8 deductions to catch up the payments.)*

If the payroll deduction agreement ends before you return to work, you will be billed by SERS for the balance due.

Note: *Due to the IRS regulations, the agreement due date cannot be extended for any reason if the payment is being made on a tax-deferred irrevocable payroll deduction basis.*

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

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

OMB No. 1545-0074

2023

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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 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) Reserved for future use.

(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. If you have self-employment income, see page 2.

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: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

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.

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, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over $160,200.

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.

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.

CAUTION ***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.

Specific Instructions *(continued)*

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 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 2023 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 2023, 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 2023 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: • $27,700 if you're married filing jointly or a qualifying surviving spouse • $20,800 if you're head of household • $13,850 if you're single or married filing separately	**2**	$
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: • $1,850 if you're single or head of household. • $1,500 if you're married filing separately. • $1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • $3,000 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.