



**Brockton Retirement Board**  
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**Brockton, MA 02301-1813**  
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**RETIREE'S WITHHOLDING PREFERENCE CERTIFICATE**  
**FORM W-4P**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE BOX:**

\_\_\_\_\_ 1. I do not wish to have Federal Tax withheld from my benefit. I realize that I am liable for payment of Federal income tax on the taxable portion of my pension and that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

\_\_\_\_\_ 2. The following exemptions are being claimed and I wish to have the Plan Administrator determine the amount, if any, of Federal income tax to be withheld in accordance with the tax tables and exemptions claimed below.

Marital Status:

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Married, but  
withhold at a higher  
single rate.

Total exemptions you wish to claim: \_\_\_\_\_

\_\_\_\_\_ 3. I wish to have \$ \_\_\_\_\_ per month withheld.

SIGNATURE OF RETIREE:

\_\_\_\_\_  
DATE: \_\_\_\_\_