**FEDERAL INCOME TAX WITHHOLDING ELECTION CERTIFICATE**
**FOR RECIPIENTS OF PERIODIC PAYMENTS**

Federal tax law requires the withholding of Federal Income Tax from the taxable portion of your periodic payments unless you elect not to withhold.

**THIS ELECTION REVOKES ANY PRIOR ELECTION**

**PLAN NAME** **Kent County Employees' Retirement Plan**

(Choose one of the following options)

1. ☐ I do not want Federal Income Tax withheld from my periodic payments. (Not available for payments sent outside the USA to US citizens.)

2. ☐ I want Federal income tax withheld from my period payments based on the following elections:

   A. Marital Status: ☐ Single ☐ Married

   B. Withholding Allowances _____ (zero allowances will be used unless indicated otherwise).

   C. In addition to the amount determined using the elections selected in A and B above, I want $_____ additional Federal income tax withheld from each periodic payment.

I acknowledge that I am liable for payment of Federal Income Tax on the taxable portion of my periodic payments from the above Plan. I acknowledge that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not sufficient.

_____ _____
Type or Print your Full Name Phone Number with Area Code

_____
Home Address (number and street) City State Zip Code

SIGNED:_____ DATE: _____

***Completed form should be directed to:***

**Kent County Human Resources Department**

**300 Monroe Avenue N.W.**
**Grand Rapids, MI 49503-2222**
**ATTN: Pension**

**OR**

**FAX: 616-632-7445**

Substitute Form W-4P