

Form **W-4P**FUND NAME HAWAII TRUCKERS-TEAMSTERS UNION  
PENSION PLAN

OMB No. 1545-0415

Department of the Treasury  
Internal Revenue Service

## Withholding Certificate for Pension or Annuity Payments

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

**2014**

Type or print your full name

Your social security number

Home address (number and street or rural route)

Claim or identification number  
(if any) of your pension or  
annuity contract

City or town, state, and ZIP code

## Complete the following applicable lines:

1 Check here if you **do not want** any Federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3) . . . . .▶ ☐2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment.▶ ☐

(You may also designate an additional dollar amount on line 3.) . . . . .

▶ ☐

Marital status:

☐

Single

☐

Married

☐

Married, but withhold at higher "Single" rate

(Enter number of  
allowances)3 Additional amount, if any, you want withheld from each pension or annuity payment. **Note:** For periodic payments, you cannot▶ ☐

enter an amount here without entering the number (including zero) of allowances on line 2 . . . . .

Your signature ▶

Date ▶