UNITED FOOD AND COMMERCIAL WORKERS UNION
LOCAL 152 BENEFITS FUNDS

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Federal Income Tax Withholding Election Form

Dear Pensioner or Beneficiary:

The internal Revenue Service requires that Federal Income Tax must be withheld from retirement benefits unless:

- The recipient's annualized pension income is lower than the minimum amount for which taxes are due or
- The recipient elects not to have tax withheld.

Whether you elect to have Federal Income Tax withheld or not, you are liable for payment of Federal Income Tax on the taxable portion of your pension benefit. You may also be subject to tax penalties under the estimated tax rules if your payments of estimated tax and withholding, if any, are inadequate.

Participant information ☐ **Check If Change of Address**

Name: _____ **Telephone**: _____

Address: _____

_____

City: _____ **State:** _____ **Zip Code**: _____

Please complete Section A or B (Only select one section)

Section A ☐ I **do not** want to have Federal Income Tax withheld per month.

Section B ☐ I want a **FLAT amount** to be withheld from my benefits $_____

OR _____% per month.

_____ _____
Print your Name Social Security Number

_____ _____
Signature Date

Please complete the Form and returned our office

FUND USED:

Local 152 Retail Meat _____ **Independent Packing** _____ **South Jersey Labor Management** _____