



PIPE TRADES SERVICES MN

HEALTH & PENSION FUNDS

4461 White Bear Parkway, Suite 1 - White Bear Lake, MN 55110 • Phone: 651-645-4540 • Fax: 651-645-8119 • www.PTSMN.org

Substitute Form **W-4P**

Withholding Certificate for Monthly Pension Payment

Member Name: _____

Member ID# _____

FEDERAL TAX----presently Withholding \$00.00 a month

Please withhold \$ _____ or _____ % **FEDERAL** Income Tax from my Monthly Pension Check until further notice from me.

Signature _____ **Date** _____

MINNESOTA STATE TAX (Minnesota State only)----presently withholding \$00.00 a month

Please withhold \$ _____ or _____ % **MINNESOTA STATE** Income Tax from my Monthly Pension Check until further notice from me.

Signature _____ **Date** _____

I *do not* want **FEDERAL** or **MINNESOTA STATE** Income Tax withheld from my Monthly Pension Check at this time.

Signature _____ **Date** _____

You may change this election at any time by requesting a new form from the Fund Office. You are advised to speak with your tax advisor/preparer about this election. You may acquire a Form W-4P worksheet and additional instructions worksheet from the IRS or from the PTSMN website.