

**VI. WITHHOLDING ELECTION FOR FEDERAL/CONNECTICUT  
INCOME TAX FROM MONTHLY ANNUITY BENEFIT  
Connecticut Carpenters Annuity Fund**

**INSTRUCTIONS:** Federal law requires you to make a withholding election regarding your benefit. You can elect to have no withholding. If you fail to make any election, the law requires automatic withholding based on you being married and claiming three withholding allowances. Your election (or automatic withholding) will remain in effect until you change it by filing a new form with the Fund Office. If the withholding tax tables change in future years, your withholding amount will not automatically change.

Even if you elect not to have federal or state income tax withheld, you are responsible for payment of any federal or state income tax due. You also may be subject to tax penalties if your payments of estimated tax and/or withholding, if any, are not adequate. Complete your election by checking/filling in the options you elect in each column, and supply the information that option requires. Sign and date your completed form in the space provided below and return it to the Fund Office.

You must complete a separate Election for the Connecticut Carpenters Pension Fund.

**FEDERAL TAX (Check one box)**

1.  No, do not withhold Federal Income Tax from my monthly benefit.
2.  Yes, deduct Federal Income Tax withholding from my monthly benefit. The number of exemptions is \_\_\_\_\_. Single  or Married
3.  Yes, withhold at the rate in 2. above PLUS an ADDITIONAL flat amount of \$\_\_\_\_\_ per month.
4.  Yes, withhold ONLY a specific dollar amount of Federal Income Tax from my monthly benefit in the amount of \$\_\_\_\_\_.

**CONNECTICUT TAX (Check one box.  
If you wish to estimate your CT income  
tax, ask for Form CT-W4P.)**

1.  No, do not withhold Connecticut Income Tax from my monthly benefit.
2.  Yes, withhold ONLY a specific dollar amount of Connecticut Income Tax from my monthly benefit in the amount of \$\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

(\_\_\_\_)\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Social Security Number