



Connecticut State Council of Carpenters State-Wide Pension Fund

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TO ALL RETIREES AND BENEFICIARIES RECEIVING PENSION PAYMENTS FROM THE CONNECTICUT STATE COUNCIL OF CARPENTERS STATE-WIDE PENSION FUND

NOTICE OF FEDERAL INCOME TAX WITHHOLDING

Benefit payments from the Connecticut State Council of Carpenters State-Wide Pension Plan are subject to Federal income tax withholding unless you elect not to have withholding apply. If the amount of your monthly payment is less than \$840, no amount will be withheld unless you elect withholding.

You may elect **not** to have tax withheld from your benefits by filing the attached Election Form with the Fund Office at the address shown on the top of this letter.

For purposes of determining the amount of income tax withholding, your monthly pension payments will be treated as if they were wages. You may claim the appropriate allowances on the enclosed Election Form. We will continue to honor any Election Form on file unless we hear from you. If you do not return the Election Form, and we do not have an Election Form on file for you, the amount of tax withheld will be computed as if you were married with three withholding allowances. This means that no withholding will be made from monthly payments of less than \$840. Special withholding rates apply to lump sum payments.

If you have elected not to have tax withheld, but change your mind, you may revoke the election. The revocation may be made by filing a new Election Form with the Fund Office.

**CONNECTICUT STATE COUNCIL OF CARPENTERS
STATEWIDE PENSION FUND**

ELECTION FOR INCOME TAX WITHHOLDING

TYPE OR PRINT YOUR FULL NAME	YOUR SOCIAL SECURITY NO.
HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)	
CITY OR TOWN, STATE AND ZIP CODE	

Complete the following by placing an "X" in the appropriate box (es).

Please be sure to sign and date this form before mailing

1. I elect to have NO income tax withheld from my Pension Payment. *(Do not complete items 2 or 3.)*

2. I want my withholding from each Pension Payment to be figured using the marital status and number of allowances shown. *(You may designate an additional amount in item 3.)*

Marital Status (S) Single

Marital Status (M) Married

Marital Status (S) Married, but withhold at higher single rate

Number of Allowances _____

3. I want the following additional amount withheld from each Pension Payment. *(Applies only if you have placed an "X" in item 2.)*

\$ _____

YOUR SIGNATURE	DATE
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