



# NON-RESIDENT VERIFICATION FORM

This form can be used to assist you in providing the required documentation if an application is signed in a state other than the applicant/owner "Resident State."

## Definitions

Resident State- is defined for this purpose as the state where a client or owner has his or her residence and receives mail on a regular basis. A residence can be a primary residence or vacation home. Please note, that a "Time Share" will be considered a temporary residence and therefore does not qualify for a primary residence under this form.

For business entity, "Residence State" is defined as the state where the business entity has its primary place of business or place of incorporation. For trusts, "Resident State" is defined as the state where the trust is located or where the trustee has an office or primary residence.

Application State- is where the applicant/ owner signed the application and where the policy is solicited, paramedic exam is scheduled (if applicable), and policy/contract is delivered. The "Application State" must be a state where the agent is licensed and the product is approved.

When a product is not available for sale in the owner's resident state, a resident is only allowed to purchase the product in another state if they provide a valid reason to be in the non-resident state, other than solely to purchase the product\*.

I \_\_\_\_\_ (Owner/ Joint Owner) am a resident of the state of \_\_\_\_\_

My valid reasons for being in the Application Signed State of \_\_\_\_\_ is (other than to purchase an annuity or insurance)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Acknowledgments

All communications, sales material and negotiations of the application occurred in the Application State.

The application was signed by the owner and the agent in the Application State.

The owner will take delivery of the policy/contract issued in the Application State.

I understand that the solicitation for this policy and contract occurred in the Application State and that the laws of the Application State will govern all legal rights and obligations under the policy/contract applied for.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*State Restrictions- Alabama, Massachusetts, Minnesota, Oregon, Utah and Washington - Purchase of products outside these resident states is not allowed if they are not available for sale in the resident state.

For questions, please contact Sentinel Security Life Insurance New Business Department

Phone: (800) 247-1423 opt 1,3,2 • Fax: (888) 433-4795 • Email: newbusiness@insadminservices.com

Mail to: PO Box 27248, Salt Lake City, UT 84127-0248 • Express Mail to: 1405 West 2200 South, Salt Lake City, Utah 84119



# TRUSTEE CERTIFICATION OF TRUST

TO BE COMPLETED BY TRUSTEES

## TRUST INFORMATION:

In consideration of your opening and /or maintaining one or more accounts for the Trust named below, we the undersigned below, Trustees, certify as follows:

The full title of the trust to which this Trustee Certification applies is: \_\_\_\_\_

a. The date of the Trust is: \_\_\_\_\_

b. The date of any Trust Amendments are (if any): \_\_\_\_\_

c. There are no Trustees of the Trust other than the undersigned: \_\_\_\_\_

d. The Grantors of the Trust are: \_\_\_\_\_

e. The Tax ID# of the Trust is: \_\_\_\_\_

## ACKNOWLEDGMENT:

- We acknowledge receiving and reviewing all pertinent account documentation and agreements.
- We, the Trustees, jointly and severally indemnify you and hold you harmless from any liability for effecting requested transactions of any type.
- We agree to inform you in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the Trust Certifications made above. You may rely on the continued validity of the Trust Certification indefinitely absent actual receipt of such notice.
- We agree to provide you with a copy of the title page, signature page, and successor trustee sections of our Trust Agreement and any amendments, or a current Certificate of Trust, if available, and any other documentation required for you to ascertain the current Trustee of the Trust.

Policy Request must be: \_\_\_\_\_ signed by all trustees \_\_\_\_\_ signed by two trustees \_\_\_\_\_ signed by one trustee  
(Default is all trustees)

TRUSTEES - ALL TRUSTEES MUST SIGN AND PROVIDE INFORMATION

We hereby certify that the undersigned are all the Trustees, and that you are authorized to accept orders and other instructions from the individuals listed below, pursuant to the terms of the Trust and applicable law, including check signing and withdrawal privileges.

I. \_\_\_\_\_ X \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date  
\_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number  
\_\_\_\_\_  
Trustee Street Address City State Zip Code

II. \_\_\_\_\_ X \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date  
\_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number  
\_\_\_\_\_  
Trustee Street Address City State Zip Code

III. \_\_\_\_\_ X \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date  
\_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number  
\_\_\_\_\_  
Trustee Street Address City State Zip Code

IV. \_\_\_\_\_ X \_\_\_\_\_  
Trustee Name (Print) Trustee Signature Date  
\_\_\_\_\_  
Trustee Date of Birth Last 4 #'s of the Social Security Number  
\_\_\_\_\_  
Trustee Street Address City State Zip Code

(All Trustees must sign. Attach an extra page if necessary)

*\*Should only one person execute this agreement, it shall constitute a representation that the signer is the sole Trustee. Where applicable, plural references in this Certification shall be deemed singular.*



# TRUST AND OTHER NON-NATURAL OWNER

## 72(u) Tax Deferred Treatment Certification Form

### 1. Contract Information

Contract #

Name of Annuitant

Telephone Number

Name of Owner (if different from Annuitant)

Telephone Number

Owner's Street Address, City, State, Zip

### 2. Tax Information as it pertains to Designation of Non-Natural Owner

Please read the following if you intend to designate a non-natural entity as the owner of your Sentinel Security Life Insurance Company Annuity Contract.

Definition of non-natural owner – a non-natural owner is something other than a living person, including trusts, estates, and other such entities.

The Tax Reform Act of 1986 made several changes to the Internal Revenue Code. For non-qualified annuities purchased after March 1, 1986, Section 72(u) of the Internal Revenue Code states that if an annuity contract is owned by a non-natural owner, the income of the contract shall be treated as ordinary income received or accrued by the owner during the taxable year. As a result, Sentinel Security Life Insurance Company will treat this contract as owned by a non-natural owner unless this contract is:

- An annuity acquired by the estate of a decedent by reason of death of the decedent, or
- An annuity that is held by a trust or other entity as agent for a natural person.

If either of the above exceptions applies to you, Sentinel Security Life Insurance Company will treat your contract as tax deferred. In order to notify Sentinel Security Life Insurance Company of your qualifying exception, you must sign this form and submit it to the Home Office address indicated below.

Sentinel Security Life Insurance Company is unable to render tax advice, and therefore, we suggest that you consult your tax counsel or tax advisor to determine if Section 72(u) is applicable to you.

### 3. Acknowledgement / Signature(s)

I understand that under Section 72(u) of the Internal Revenue Code, a non-natural owner may own an annuity contract and be entitled to the tax-deferred status if certain circumstances apply. I certify that the trust and non-natural owner will qualify for the tax-deferral exception under Section 72(u) of the Code.

I have consulted with my tax advisor in determining qualification for one of the above exceptions. I hereby hold Sentinel Security Life Insurance Company harmless from any adverse tax consequences that may arise as a result of an incorrect interpretation of these exceptions to Section 72(u).

Signature of Trustee

Date

Printed Name of Trustee

Signature of Trustee

Date

Printed Name of Trustee

Name of Corporate Officer (if applicable)

Signature of Corporate Officer (if applicable)

Date

Printed Name of Corporate Officer

Signature of Corporate Officer (if applicable)

Date

Printed Name of Corporate Officer



# INHERITED IRA ELECTION FORM

## 1) Deceased IRA Owner's Information

**All fields are required.**

\_\_\_\_\_  
Name *(please print the owner's full name as it appears on the policy)*

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Mailing Address *(Including apartment or box number)*

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current IRA Custodian

\_\_\_\_\_  
Date of Death

## 2) IRA Beneficiary's Information

**All fields are required.**

\_\_\_\_\_  
Name *(please print the owner's full name as it appears on the policy)*

\_\_\_\_\_  
Policy Number (if known)

\_\_\_\_\_  
Mailing Address *(Including apartment or box number)*

\_\_\_\_\_  
Social Security or Taxpayer ID

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of Birth or Trust

\_\_\_\_\_  
Email Address (Optional)

\_\_\_\_\_  
Daytime Telephone Number

## 3) **TERMS & CONDITIONS**

I am a named beneficiary of the individual retirement account/individual retirement annuity listed above and want to establish an inherited IRA with Sentinel Security Life Insurance Company. I understand the following terms and conditions:

- 1) Withdrawal charges may apply to the inherited IRA.
- 2) If the original IRA owner passed away in 2020 or later, the guarantee period applied for must be shorter than ten years.
- 3) If the original IRA owner passed away in 2020 or later, the account value must be distributed to the Beneficiary by the end of ten years following the year of the owner's date of death.

## 4) **ACKNOWLEDGMENT**

By signing below, I acknowledge that I have read and understand the provisions of this form. I understand that Sentinel Security Life Insurance Company, its employees, and agents do not provide tax advice and that I am responsible for obtaining tax advice from other sources. I understand that I am solely responsible for withdrawing the total account value before the end of the tenth year after the owner's date of death and I am solely responsible for all tax consequences arising from my election to establish an inherited IRA with Sentinel Security Life Insurance Company.

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Title, if applicable

\_\_\_\_\_  
Date



# APPLICANTS STATEMENT QUALIFIED RETIREMENT PLANS

Annuity Contract Issued in Connection with Retirement Plan under Internal Revenue Code Section 401 (a) or 401(k), including a Profit Sharing or Pension Plan providing Retirement Benefits for Individuals, Partnerships, or Corporations.

The Applicant of this Annuity acknowledges that:

1. The Annuity being issued is only a funding vehicle for the Retirement Plan and is not intended to constitute a Plan Document or a Trust Agreement;
2. The Annuity being issued is consistent with the Retirement Plan's funding policy;
3. The Purchaser and Owner of the Annuity is the Trust created for the Retirement Plan and all transactions, reports and correspondence with Sentinel Security Life Insurance Company will be performed directly with the Trustee only and not with any individual participant in the Plan;
4. The Employer, Trustee, and/ or Retirement Plan Administrator assumes responsibility for the compliance with the tax and legal aspects of the following:
  - A. All details and responsibilities of the Retirement Plan's administration including but not limited to Retirement Plan loans and their repayment, providing Retirement Plan documents, other documentation, amendments, record keeping, or consultation relative to the Retirement Plan's administration.
  - B. The Retirement Plan's compliance with the Internal Revenue Code and E.R.I.S.A., as amended including any reporting, disclosure and fiduciary rules;
5. Sentinel Security Life Insurance Company is only responsible for its obligations under the terms of the annuity policy and is not a "Plan Administrator" or other fiduciary under E.R.I.S.A. nor will it perform the duties of a "Plan Administrator" or other fiduciary under E.R.I.S.A.;
6. This annuity is not purchased to provide distribution of benefits to participants and the Plan's liability for such benefits is not transferred to the annuity provider.

The Applicant Trustee agrees to indemnify and hold harmless Sentinel Security Life Insurance Company and any affiliates thereof for any liability arising out of Plan operations or administration, or for failure of the Plan to qualify for preferred tax status under the Internal Revenue Code.

Applicant Trustee's Name \_\_\_\_\_  
*Print*

Applicant Trustee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Writing Agent Name \_\_\_\_\_  
*Print*

Writing Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN TO HOME OFFICE



# PERSONAL CHOICE SUITE ACCUMULATED INTEREST WITHDRAWAL FORM

## 1) Owner's Information

All fields are required.

Name (please print your full name as it appears on your contract)

Contract Number

Mailing Address (including apartment or box number)

Social Security or Taxpayer ID Number

City

State

Zip Code

Date of Birth or Trust

Email Address (Optional)

Daytime Telephone Number

Note: All payments will begin on the next modal anniversary based on your chosen frequency. If the withdrawal amount is less than \$100.00, the Company reserves the right to reduce the frequency of payments to an interval which will result in each payment being at least \$100.00.

## 2) Withdrawal Options

I authorize:

A one-time payment of \$ \_\_\_\_\_ not exceeding the interested credit. (One-time payments are paid by check only)

Systematic payment of the accumulated interest according to the frequency below.

Include all prior earned interest in first payment?    Yes    No

If neither Yes nor No is selected, the default will be No.

An initial payment of \$ \_\_\_\_\_ of the accumulated interest to be paid immediately, thereafter interest should be paid according to the frequency below.

A systematic payment of \$ \_\_\_\_\_, not to exceed the interest credited during the frequency chosen below.

## 3) Payment Frequency

Process systematic interest payments according to the frequency below:

Monthly    Quarterly    Semiannually    Annually

Note: If a frequency is not selected for systematic payments, payments will be processed an annually. If no voided check is received systematic distributions will be sent via check in the mail.

Compound Interest Crediting: Interest is compounded and credited daily based on the guaranteed crediting rate. When a withdrawal is taken, the interest payment is based on interest credited for the exact number of days in the withdrawal period. For this reason, payment amounts may fluctuate. A contract taking monthly, quarterly or semiannual interest withdrawals will produce less total interest than one taking annual distributions.

## 4) Payment Method

Note: If a payment method is not selected, your distribution(s) will be paid to you by check until we receive written notice from you requesting a change for future payments. One-time distributions are paid by check only.

Mail check to my address of record currently on file

Transfer funds electronically (ACH) - A voided check is required    Checking    Savings

Financial Institution

Account Holder's Full Name

ABA Routing Number

Account Number

5) Tax Withholding Election:

If selecting a **Settlement Option** use Form W-4P/OMB No. 10225T, W-4P(2024).

If selecting an **Eligible Rollover Distribution, RMD, or One-Time Withdrawal** use Form W-4R/OMB No. 75085T, W-4R (2024).

**Complete the worksheet found on the attached Form W-4P or W-4R and enter the election withholding in the space below.**

Federal Tax Withholding

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax

withholding unless you affirmatively elect not to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

Important Taxpayer Information

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal.

I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA\*, KS, MA, ME, NE, or VT, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

Note: 10% federal income tax automatically withheld if you do not make an election below. Some states also impose mandatory withholding.

\*IA - 5% mandatory withholding only applies to under age 55, please refer to the state-specific requirements for details.

**Please choose your election withholding from below:**

NOT to withhold federal income tax.

NOT to withhold state income tax.

to withhold federal income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %. (Must equal at least 10%)

to withhold state income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %.

6) Owner Acknowledgment: By signing below, I acknowledge full understanding of the following:

Community Property States

- If the contract was issued in a community property state, or if the Owner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), the Owner's spouse must sign the form.
- If you do not provide us with your spouse's signature, please make notation of your current marital status.
- In case of divorce, in order to ensure that spousal interest in community property has been protected, a copy of the relevant parts of the divorce decree is required (i.e., front page, signature page and any page referencing the annuity contract). If there is no mention of the annuity contract in the divorce decree, the former spouse must sign this request. If this is not possible, please contact our Policy Service Department.

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Sentinel Security Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Sentinel Security Life is hereby authorized and directed to distribute funds from my contract in the manner requested. Sentinel Security Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Sentinel Security Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING. I have read and understand and agree to be legally bound by the terms of this form.

\_\_\_\_\_  
Signature of Owner (s) Title (if applicable) Date

\_\_\_\_\_  
Signature of Joint Owner (if applicable) Title (if applicable) Date

\_\_\_\_\_  
Signature of Owner's Spouse (Community Property States) Signature Date

\_\_\_\_\_  
of Joint Owner's Spouse (Community Property States) Date





# PERSONAL CHOICE SUITE REQUIRED MINIMUM DISTRIBUTION FORM

## 1) Owner's Information

All fields are required.

Name (please print your full name as it appears on your contract)

Contract Number

Mailing Address (including apartment or box number)

Social Security or Taxpayer ID Number

City

State

Zip Code

Date of Birth or Trust

Email Address (Optional)

Daytime Telephone Number

Note: One-time withdrawals are paid by check only. Please review your contract carefully to ensure that you understand the terms that apply to your withdrawals before completing this form.

## 2) Calculation Method

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590-B. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.

Beneficiary's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 3) Distribution Method

### One-Time Distribution by Check

Current Year Distribution Only: Calculate and distribute my current year required minimum distribution immediately upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.

Distribute \$ \_\_\_\_\_ Gross Net

I understand that I am responsible for contacting Sentinel Security Life to request any future year amounts. (Must be equal to or LESS than the calculated RMD amount for this contract.)

OR

### Systematic Distribution

Systematic distribution: Calculate and distribute the required minimum distribution amount for this year and all subsequent years. If you elect this option we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments.

If you are turning 73 and this is your first RMD, it may be distributed in the year you turn 73 or by April 1st of the following year. Please calculate and distribute my prior year deferred required minimum distribution amount immediately.\*

\*This request must be received between January and April 1st. If you elect this option, we will calculate and distribute your prior year required distribution amount upon receipt. We will also calculate and distribute your current year amount and all subsequent years according to your specified frequency until such time that you notify us to discontinue the payments.

## Payment Frequency for Systematic Distribution

If a start date is not provided for a systematic distribution request, distributions will begin immediately. If a frequency of payment is not provided distributions will be sent on an annual basis until we receive written notice from you requesting a change.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly

Quarterly

Semiannually

Annually

4) Payment Method

Note: If a payment method is not selected, your distribution(s) will be paid to you by check until we receive written notice from you requesting a change for future payments. One-time distributions are paid by check only.

Mail check to my address of record currently on file

Transfer funds electronically (ACH) - A voided check is required      Checking                  Savings

Financial Institution

Account Holder's Full Name

ABA Routing Number

Account Number

5) Tax Withholding Election:

If selecting a **Settlement Option** use Form W-4P/OMB No. 10225T, W-4P (2024).

If selecting an **Eligible Rollover Distribution, RMD, or One-Time Withdrawal** use Form W-4R/OMB No. 75085T, W-4R (2024).

**Complete the worksheets found on the attached Form W-4P or W-4R and enter your election withholding in the space below.**

Federal Tax Withholding

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect not to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

Important Taxpayer Information

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 ½, an IRS Federal Excise Tax may apply to the withdrawal.

I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

Note: 10% federal income tax automatically withheld if you do not make an election below. Some states also impose mandatory withholding.

**Please choose your election withholding from the following:**

NOT to withhold federal income tax.

NOT to withhold state income tax.

to withhold federal income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %. (Must equal at least 10%)

to withhold state income tax in the amount of \$ \_\_\_\_\_ or percentage of \_\_\_\_\_ %.

6) Owner Acknowledgment: By signing below, I acknowledge full understanding of the following:

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Sentinel Security Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Sentinel Security Life is hereby authorized and directed to distribute funds from my contract in the manner requested. Sentinel Security Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Sentinel Security Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING. I have read and understand and agree to be legally bound by the terms of this form.

Signature of Owner

Title, if applicable

Date

# Withholding Certificate for Periodic Pension or Annuity Payments

Department of the Treasury  
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

# 2024

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and how to elect to have no federal income tax withheld (if permitted).

### Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ \_\_\_\_\_

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ \_\_\_\_\_

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ \_\_\_\_\_

**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

**Complete Steps 3–4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

<b>Step 3:</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
<b>Claim Dependent and Other Credits</b>	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500 . . . . .	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . .		<b>3</b> \$ _____

### Step 4 (optional): Other Adjustments

(a) <b>Other income (not from jobs or pension/annuity payments).</b> If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	<b>4(a)</b>	\$ _____
(b) <b>Deductions.</b> If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
(c) <b>Extra withholding.</b> Enter any additional tax you want withheld from <b>each payment</b> . . .	<b>4(c)</b>	\$ _____

### Step 5: Sign Here

Your signature (This form is not valid unless you sign it.)	Date

## General Instructions

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

**Example 1.** Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



**Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

## Specific Instructions *(continued)*

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

### Step 4(b)—Deductions Worksheet *(Keep for your records.)*



<b>1</b>	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . .	<b>1</b> \$ _____			
<b>2</b>	Enter: <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• \$29,200 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$21,900 if you're head of household</li> <li>• \$14,600 if you're single or married filing separately</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• \$29,200 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$21,900 if you're head of household</li> <li>• \$14,600 if you're single or married filing separately</li> </ul>	}	<b>2</b> \$ _____
{	<ul style="list-style-type: none"> <li>• \$29,200 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$21,900 if you're head of household</li> <li>• \$14,600 if you're single or married filing separately</li> </ul>	}			
<b>3</b>	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter “-0-” . . . . .	<b>3</b> \$ _____			
<b>4</b>	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> <li>• \$1,950 if you're single or head of household.</li> <li>• \$1,550 if you're married filing separately.</li> <li>• \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65.</li> <li>• \$3,100 if you're married filing jointly and both of you are age 65 or older.</li> </ul> Otherwise, enter “-0-”. See Pub. 505 for more information . . . . .	<b>4</b> \$ _____			
<b>5</b>	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .	<b>5</b> \$ _____			
<b>6</b>	<b>Add</b> lines 3 through 5. Enter the result here and in <b>Step 4(b)</b> on Form W-4P . . . . .	<b>6</b> \$ _____			

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions**

Department of the Treasury  
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

**2024**

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

<b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	<b>2</b>	%
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<b>Sign Here</b>	<div style="border-bottom: 1px solid black; min-height: 20px;"></div> <p><b>Your signature</b> (This form is not valid unless you sign it.)</p>	<div style="border-bottom: 1px solid black; min-height: 20px;"></div> <p><b>Date</b></p>
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**General Instructions**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2024 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

<b>Single or Married filing separately</b>		<b>Married filing jointly or Qualifying surviving spouse</b>		<b>Head of household</b>	
<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>
\$0	<b>0%</b>	\$0	<b>0%</b>	\$0	<b>0%</b>
14,600	<b>10%</b>	29,200	<b>10%</b>	21,900	<b>10%</b>
26,200	<b>12%</b>	52,400	<b>12%</b>	38,450	<b>12%</b>
61,750	<b>22%</b>	123,500	<b>22%</b>	85,000	<b>22%</b>
115,125	<b>24%</b>	230,250	<b>24%</b>	122,400	<b>24%</b>
206,550	<b>32%</b>	413,100	<b>32%</b>	213,850	<b>32%</b>
258,325	<b>35%</b>	516,650	<b>35%</b>	265,600	<b>35%</b>
623,950*	<b>37%</b>	760,400	<b>37%</b>	631,250	<b>37%</b>

\* If married filing separately, use \$380,200 instead for this 37% rate.

## General Instructions (continued)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Generally, distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$62,000 without the payment. Step 1: Because your total income without the payment, \$62,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$82,000, is greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$43,700 without the payment. Step 1: Because your total income without the payment, \$43,700, is greater than \$26,200 but less than \$61,750, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$63,700, is

greater than \$61,750 but less than \$115,125, the corresponding rate is 22%. The two rates differ. \$18,050 of the \$20,000 payment is in the lower bracket (\$61,750 less your total income of \$43,700 without the payment), and \$1,950 is in the higher bracket (\$20,000 less the \$18,050 that is in the lower bracket). Multiply \$18,050 by 12% to get \$2,166. Multiply \$1,950 by 22% to get \$429. The sum of these two amounts is \$2,595. This is the estimated tax on your payment. This amount corresponds to 13% of the \$20,000 payment (\$2,595 divided by \$20,000). Enter "13" on line 2.

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**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.