

Substitute Form W-4P	Federal and California State Withholding Certificate For Pension or Annuity Payments	2010
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Social Security Number	
Name	
Address	
City, State & Zip	

FEDERAL

CALIFORNIA STATE

I elect **not** to have withholding

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I want withholding according to the
Tax tables:

___ Married ___ Allowances
___ Single ___ Allowances

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Tax tables:

___ Married ___ Allowances
___ Single ___ Allowances

I want to withhold a flat dollar amount:

\$_____ Per month

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\$_____ Per month

Signature

Date