

OKLAHOMA LAW ENFORCEMENT — RETIREMENT SYSTEM — Refund of Contributions Due to DROP

Applicant information			
Applicant Name	Applicant SSN		
Address			
City	State Zip Code		
Home Phone	Cell Phone		
Email			

Withdrawal of Contributions - Important Tax Information

The distribution of your contributions has certain tax consequences which could be unfavorable in some situations. While the Oklahoma Law Enforcement Retirement System ("OLERS") has been approved by the Internal Revenue Service ("IRS") as a qualified plan under Internal Revenue Code section 401, this approval in no way addresses the tax consequences of any portion of this System to any individual participant of the System.

OLERS, the Oklahoma Law Enforcement Retirement Board ("Board") and the employing agency ("Employer") are not responsible for any tax consequences to the member that result from the member receiving a distribution from the System. We strongly recommend that a member who will receive a distribution seek the advice of a competent professional tax advisor regarding the potential adverse tax consequences of the distribution.

NOTE: You may elect to have a part of the taxable portion of your distributions paid directly to you, and a portion handled as a direct rollover. This minimum value of a partial direct rollover must be equal to or exceed \$500. If your total distribution is less than \$200, a direct rollover option is not available to you.

If you elect the direct rollover option, no income taxes will be withheld on the portion rolled over, and the taxable portion of the distribution will be made directly to the traditional IRA or eligible employer plan. Amounts not eligible for rollover will be distributed to you. After-tax contributions may be rolled over, but not all plans accept a rollover of after-tax contributions.

The IRS requires that you receive a safe harbor special tax notice at least 30 days before payment of your distribution. The safe harbor special tax notice is posted on the website listed above for you to access or you may request the safe harbor special tax notice be sent by e-mail, or on a written paper document, which document will be provided to you at no charge. However, the 30 day notice requirement may be waived by checking the box that follows.

WAIVER OF 30-DAY NOTICE - I hereby affirmatively elect to waive any applicable notice requirement.

OLERS USE ONLY			
Admin Actions	Data _ Entry	Reviewed	Approved

Applicant Name

Withdrawal of Contributions - Election I elect the following: (Select One) 100%, Rollover of my Contributions (Complete Rollover Section Below) 100%, Direct Payment to Me of my Contributions (MUST complete IRS W-4R and OK W-4R) Partial Rollover and Partial Direct Payment (Fill in Amounts and Complete Both Sections Below) Partial Rollover Amount Partial Direct Payment Amount Interest Payment Amount Withdrawal of Contributions - Rollover I hereby represent that the named plan is an IRA or employer plan. 1 understand that if 1 elect this direct rollover option my distribution will be made out in the name of the new trustee or custodian. Name of Trustee/Custodian IRA Account Number City State City State City Contact Phone Mithdrawal of Contributions - Direct Payment to Me I hereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Applicant's Signature Date Applicant's Signature Contact		
100%, Rolicver of my Contributions (Complete Roliver's Section Below) 100% Direct Payment to Me of my Contributions (MUST complete IRS W-4R and OK W-4R) Partial Roliver and Partial Direct Payment (Fill in Amounts and Complete IRS W-4R and OK W-4R) Partial Direct Payment Amount Partial Direct Payment Amount MUST complete IRS W-4R and OK W-4R) Vithdrawal of Contributions - Rollover Intereby represent that the named plan is an IRA or employer plan. I understand that if I elect this direct rollover option my distribution will be made out in the name of the new trustee or custodian. Name of Trustee/Custodian Name of Employer Plan/IRA IRA Account Number Address of Trustee/Custodian(no PO Box) City State City State Contact Person Contact Phone Withdrawal of Contributions - Direct Payment to Me Thereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R, and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Applicant's Signature Date Applicant's Signature	Withdrawal of Contributions - Electio	n
100%, Rolicver of my Contributions (Complete Roliver Section Below) 100% Direct Payment to Me of my Contributions (MUST complete IRS W-4R and OK W-4R) Partial Roliver and Partial Direct Payment (Fill in Amounts and Complete Both Sections Below) Partial Roliver Amount Partial Direct Payment Amount Partial Direct Payment Amount MUITHdrawal of Contributions - Rollover Intereby represent that the named plan is an IRA or employer plan. I understand that if I elect this direct rollover option my distribution will be made out in the name of the new trustee or custodian. Name of Trustee/Custodian Name of Employer Plan/IRA IRA Account Number Address of Trustee/Custodian(no PO Box) City State Contact Person Contact Phone Withdrawal of Contributions - Direct Payment to Me Thereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Date Date Applicant's Signature The Applicant stated above has attested that he/she has read this application, kno	l elect the following: (Select One)	
Partial Rollover and Partial Direct Payment (Fill in Amounts and Complete Both Sections Below) Partial Rollover Amount Partial Direct Payment Amount (MUST complete IRS W-4R and OK W-4R) Withdrawal of Contributions - Rollover I hereby represent that the named plan is an IRA or employer plan. I understand that if I elect this direct rollover option my distribution will be made out in the name of the new trustee or custodian. Name of Trustee/Custodian Name of Employer Plan/IRA IRA Account Number Address of Trustee/Custodian(no PO Box) City Contact Person Contact Person Contact Person Contact Person Contact Person Hereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Date Date Date Date Date Date Date Date		Complete Rollover Section Below)
Partial Rollover Amount		
Partial Direct Payment Amount (MUST complete IRS W-4R and OK W-4R) Withdrawal of Contributions - Rollover I hereby represent that the named plan is an IRA or employer plan. I understand that if I elect this direct rollover option my distribution will be made out in the name of the new trustee or custodian. Name of Trustee/Custodian Name of Employer Plan/IRA IRA Account Number City State	Partial Rollover and Partial Direct Pa	ayment (Fill in Amounts and Complete Both Sections Below)
Withdrawal of Contributions - Rollover I hereby represent that the named plan is an IRA or employer plan. I understand that if I elect this direct rollover option my distribution will be made out in the name of the new trustee or custodian. Name of Trustee/Custodian Name of Employer Plan/IRA IRA Account Number Address of Trustee/Custodian (no PO Box) City State Contact Person Contact Person Withdrawal of Contributions - Direct Payment to Me I hereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date	Partial Rollover Amount	
I hereby represent that the named plan is an IRA or employer plan. I understand that if I elect this direct rollover option my distribution will be made out in the name of the new trustee or custodian. Name of Trustee/Custodian	Partial Direct Payment Amount	(MUST complete IRS W-4R and OK W-4R)
that if I elect this direct rollover option my distribution will be made out in the name of the new trustee or custodian. Name of Trustee/Custodian	Withdrawal of Contributions - Rollove	er en
Name of Employer Plan/IRA IRA Account Number IRA Account Number Address of Trustee/Custodian(no PO Box) City State City State Contact Person Contact Phone Withdrawal of Contributions - Direct Payment to Me I hereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date		
Name of Employer Plan/IRA IRA Account Number IRA Account Number Address of Trustee/Custodian(no PO Box) City State City State Contact Person Contact Phone Withdrawal of Contributions - Direct Payment to Me I hereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date	Name of Trustee/Custodian	
IRA Account Number Address of Trustee/Custodian(no PO Box)		
Address of Trustee/Custodian(no PO Box)		
City		
Contact Person Contact Phone Withdrawal of Contributions - Direct Payment to Me I hereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date		
Withdrawal of Contributions - Direct Payment to Me I hereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date		
I hereby instruct the System to pay directly to me by direct deposit or check the amount indicated above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date		
above. I understand that, in accordance with federal law I MUST COMPLETE IRS FORM W-4R and at least twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date	Withdrawal of Contributions - Direct	Payment to Me
twenty percent (20%) of the taxable portion of my distribution will be withheld toward payment of my federal income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date		•
income taxes and if I wish to have Oklahoma State taxes withheld I MUST COMPLETE OK FORM W-4R. Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date		
Signature and Notary Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date		
Wherefore, the applicant hereby absolves the Board, the System and the Employer from any responsibility or liability as to the tax and other consequences of my election(s) indicated above. Date	income taxes and if I wish to have Oklahoma State ta	xes withheld I MUST COMPLETE OK FORM W-4R.
liability as to the tax and other consequences of my election(s) indicated above. Date	Signature and Notary	
Applicant's Signature The Applicant stated above has attested that he/she has read this application, knows the contents thereof, and that the statements contained therein are true and correct. Subscribed and sworn before me on State of		
Applicant's Signature The Applicant stated above has attested that he/she has read this application, knows the contents thereof, and that the statements contained therein are true and correct. Subscribed and sworn before me on State of Notary Signature County of Notary Title (and Rank) My Commission Expires on	Date	
and that the statements contained therein are true and correct. Subscribed and sworn before me onState of Notary SignatureCounty of Notary Title (and Rank) My Commission Expires on		Applicant's Signature
Notary Signature County of Notary Title (and Rank) My Commission Expires on	••	••
Notary Signature County of Notary Title (and Rank) My Commission Expires on	Subscribed and sworn before me on	State of
My Commission Expires on		
Commission #		
Commission # (seal)		
		(seal)

Submission Information

Completed form can be sent to OLERS via: Mail: 421 N.W. 13th, Suite 100, Oklahoma City, OK 73103 Fax: (405) 522-5004 Email: forms@olers.ok.gov

Oklahoma Tax Commission

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

This certificate is for income tax withholding purposes only. Type or print.

NOTE: Do NOT mail to the Oklahoma Tax Commission.

Your First Name and Middle Initial:	Last Name:		Your Social Security Number:
Home Address (Number and Street or Rural Route):		·	
City or Town:		State:	ZIP Code:

General Information

Complete Form OK-W-4-R to have payers withhold the correct amount of state income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity, or IRA. For nonperiodic payments, the default rate is the top marginal income tax rate of 4.75%. Form OK-W-4-R should not be used for periodic payments (payments made in installments at regular intervals over a period of more than one year). Instead, use Withholding Certificate for Periodic Pension or Annuity Payments Form OK-W-4-P for such payments or distributions.

Do you want to withhold state income tax from your nonperiodic payment or eligible rollover distribution? Yes

Г

No

Check the "No" box if you do not want any state income tax withheld. If you check the "Yes" box, state income tax will be withheld at the default rate (See General Information).

Employee's Signature (Form is not valid without signature):	Date (MM/DD/YYYY):

Item to Remember:

Certain retirement benefits may be excluded from Oklahoma adjusted gross income (see Oklahoma Resident Income Tax Return Form 511 Schedule 511-A instructions for details). To be eligible, you must have retirement income in your name.

DROP REFUND

Form W-4R

Department of the Treasury

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

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

OMB No. 1545-0074

20**25**

Internal Revenue Service
1a First name and middle initial

Last name

1b Social security number

Address

Sign

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.

2	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)	2	%

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-4R, such as legislation enacted after it was published, go to *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.

2025 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.

	ingle or ing separately	Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

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 2025, 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;

• 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 \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, 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 \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

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.