

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

935 Detroit Avenue, Suite 242A, Concord, CA 94518-2501 • Phone 925/356-8921 • Fax 925/356-8938
tfo@ncpttf.com • www.ncpttf.com



Notice Regarding Federal Income Tax Withholding From Monthly Retirement Benefits

Monthly Retirement Benefits Exceeding the Minimum Amount Listed on Current Internal Revenue Service (“IRS”) Tax Withholding Tables

If your monthly Retirement Benefit exceeds the minimum amount listed on the current Internal Revenue Service (“IRS”) Tax Withholding Tables, we are required under Federal Regulations to withhold Federal Income Tax from your Retirement Benefit.

Important: Once you have submitted a Federal Income Tax Withholding Election Form, we will continue to withhold taxes in accordance with your election and the current IRS Tax Withholding Tables that are in effect. The IRS Tax Withholding Tables may change at any time.

CAUTION: Possible Effect of Insufficient Withholding

Withholding is simply a method of paying taxes. It does not increase or decrease the total amount of your tax liability. If your total income is high enough to require you to pay income taxes, but you do not have enough tax withheld from your monthly Retirement Benefit payments, you may be responsible for payment of estimated tax. There are penalties for not paying enough Federal Income Tax during the year, either through withholding or estimated tax payments. New retirees, especially, should refer to **IRS Publication 505, Tax Withholding and Estimated Tax** at www.irs.gov for an explanation of your estimated tax requirements and penalties.

How to Make a Withholding Election or Change Your Withholding Election

Complete the reverse side of this Form. As a reminder, the Plan cannot refund any tax it withholds from your Retirement Benefit. If you wish to change your election in the future, you can request a new Form from the Trust Fund Office or obtain one from our website: www.ncpttf.com.

CAUTION: If you do not submit a Federal Income Tax Withholding Election Form or you don't provide a Social Security Number (“SSN”) (or the IRS notifies us that you gave an incorrect SSN), Federal Law requires the Plan to automatically withhold income tax from your Retirement Benefit payments as if you are a single individual claiming zero withholding allowances.

The annuity or periodic payment will be treated like wages for withholding purposes. However, you can claim an exemption from Federal Income Tax withholding if your annual payment is \$25,900 or less (if married filing jointly or qualifying widower) or \$12,950 (single or married filing separately) or \$19,400 (head of household). These dollar amounts are adjusted each year by the IRS.

Reporting of Federal Income Tax Withheld

We are required to report your total annual Retirement Benefit amount to the IRS. The taxes withheld from your monthly Retirement Benefit payments during the year will be reported on a Form 1099-R (Distributions from Pensions, Annuities, Retirement, or Profit-Sharing Plans) mailed to you in January of the following year.

Questions About Your Federal Income Tax Withholding

If you have a question about how much you should withhold, please consult a tax advisor. You may also visit www.irs.gov for the most current IRS Tax Withholding Table. **The Trust Fund Office cannot provide you with any tax advice.**

NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

935 Detroit Avenue, Suite 242A, Concord, CA 94518-2501 • Phone 925/356-8921 • Fax 925/356-8938

tfo@ncpttf.com • www.ncpttf.com



Federal Income Tax Withholding Election Form

Instructions

- Please first read the information on the reverse side of this Form.
- Complete, sign, and return this Form to make a Federal Income Tax Withholding Election.
- Generally, completed Forms received by the 15th of the month, will be processed for the following month.
- Under current law you cannot designate only a specific dollar amount to be withheld; however, you can designate an additional amount to be withheld.

IMPORTANT: This Form revokes any prior Federal Income Tax Withholding Election Form previously submitted.

SECTION 1: Payee Information

Please complete the following:

Name _____ Last 4 digits of SSN xxx-xx-_____

Address _____
Street or PO Box City, State, Zip

Primary Phone # (_____) _____ Secondary Phone # (_____) _____

Email Address _____

SECTION 2: Federal Income Tax Withholding Election

A. Please check only one box:

- I do not want Federal Income Tax withheld from my monthly Retirement Benefit.**
Do not complete Subsection B. below.

OR

- I do want Federal Income Tax withheld from my monthly Retirement Benefit.**
Complete Subsection B. below.

B. If you have elected to have Federal Income Tax withheld, complete the section below. The amount withheld will be determined by the tax tables published by the IRS.

- **Marital Status:** Single Married Married but withhold at higher Single rate
- **Total number of allowances** (0-10) you are claiming _____
- **Optional:** Additional amount, if any, you want withheld: Withhold \$ _____ from each payment. **Note:** You cannot enter an amount here without selecting a filing status (Single, Married, or Married but withhold at higher Single rate) and entering the number (including zero) of allowances on the line above.

Signature _____ **Date** _____

Return the completed and signed Form to:

NCPTTF
935 Detroit Avenue, Suite 242A
Concord, CA 94518-2501

Fax: 925/356-8938
Email: tfo@ncpttf.com