Form CT-W4P with Revised Instructions Effective January 1, 2018 Withholding Certificate for Pension or Annuity Payments

Purpose: Form CT-W4P is for Connecticut resident recipients of pensions, annuities, and certain other deferred compensation, to tell payers the correct amount of Connecticut income tax to withhold.

Instructions for Recipients of Regularly Scheduled (monthly) Retirement Pension:

Step 1: (Required) Select the filing status and description of income from the chart below that best matches your situation. Enter the corresponding Withholding Code on Line 1.

Step 2: (Optional) To see the amount of tax that will be withheld monthly, go to **www.ct.gov/drs** and select 2018 CT-W4P Information under Featured Links, and select Monthly Connecticut Withholding Calculator - CT-W4P.

Step 3: (Optional) To increase or decrease the amount that will be withheld, enter an additional amount on Line 2, or a reduction amount on Line 3.

Instructions for Other Retirement Account Distributions: Do **not** use the chart below. Either enter Withholding Code E on Line 1 which will result in \$0 withholding, or enter Withholding Code E and a dollar amount on Line 2 for a specific amount to be withheld. If neither of these options are indicated, payer will withhold at 6.99%.

Married Filing Jointly			
Our expected combined annual gross income is less than or equal to \$24,000 or no withholding is necessary (i.e., withholding from other income source).	Е		
My spouse has income subject to withholding and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500.	Α		
My spouse does not have income subject to withholding and our expected combined annual gross income is greater than \$24,000.	С		
My spouse has income subject to withholding and our expected combined annual gross income is greater than \$100,500.	D		
I have significant other income and wish to avoid having too little tax withheld.	D		

Qualifying Widow(er) With Dependent Child	Withholding Code
My expected annual gross income is less than or equal to \$24,000 or no withholding is necessary (i.e., withholding from other income source).	Е
My expected annual gross income is greater than \$24,000.	С
I have significant other income and wish to avoid having too little tax withheld.	D

Married Filing Separately				
My expected annual gross income is less than or equal to \$12,000 or no withholding is necessary (i.e., withholding from other income source).				
My expected annual gross income is greater than \$12,000.				
I have significant other income and wish to avoid having too little tax withheld.				
Single	Withholding Code			
My expected annual gross income is less than or equal to \$15,000 or no withholding is necessary (i.e., withholding from other income source).	Е			
My expected annual gross income is greater than \$15,000.				
I have significant other income and wish to avoid having too little tax withheld.	D			
Head of Household	Withholding Code			
My expected annual gross income is less than or equal to \$19,000 or no withholding is necessary (i.e., withholding from other income source).	E			
My expected annual gross income is greater than \$19,000.	В			
I have significant other income and wish to avoid having too little tax withheld.	D			

Complete this form in blue or black ink only.

Submit completed form to your payer, not DRS. Please call your payer, not DRS, with any questions.

Department of Revenue Services State of Connecticut

Withholding Certificate for Pension or Annuity Payments

2018 Form CT-W4P

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First name	MI	Last nam	ne	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			Claim or identification number (if any) of your pension or annuity contract	
City/town	State		ZIP code	-

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Payee's signature	Date