

FORM G-4P (Rev. 09/08)

STATE OF GEORGIA WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS

What is Form G-4P? Recipients of income from annuity, pension, and certain other deferred compensation plans use this form to tell payors whether to withhold income tax and on what basis. Recipients with a large amount of income not subject to withholding (such as interest or dividends), should consider making estimated tax payments using Form 500ES. To obtain Form 500ES, call 404-417-2300 or download it from our website at www.dor.ga.gov.

If you itemize or claim other deductions or you and/or your spouse have more than one source of income subject to withholding or you (and your spouse if filing jointly) qualify to claim the retirement income exclusion, complete Schedule A on the back of this form to calculate the number of additional allowances to which you are entitled.

O.C.G.A. § 48-7-101(j) provides that recipients of non-periodic payments made on distributions from pension, annuity, or similar funds, may elect to have tax withheld on such distributions similar to recepients of periodic payments. (Refer to O.C.G.A. § 48-7-100 (8.1) for the definition of "periodic payment.") Payors of such distributions must withhold based upon such elections.

	Personal Allowances W	orksheet						
Α	Enter "1" for yourself if you are single and have only one pension married and have only one pension							
В	Enter "1" if your spouse has no income subject to withholding or y	our spouse's						
	other income is \$1,000 or less	В _						
	OR							
С	Enter "1" if you will file as head of household on your tax return	C _						
D	Enter number of dependents (other than yourself and your spouse	e)D						
E	Total allowances (Total of Lines A, B and D or Line C plus Line D) E Enter here and on Line 2 below. If using Schedule A, enter this number on Line (I) on the reverse side and enter the total from Line (J) on Line 2 below.							
	Give bottom portion to payer and keep the to	op portion for your rec	ords.					
_	Cut along this line							
_								
_	4P WITHHOLDING CERTIFICATE FOR PEN							
	PE OR PRINT YOUR FULL NAME	SOCIAL SECURITY NU	MBER					
Н	OME ADDRESS (Number and Street or Rural Route)	MARITAL STATUS (check one only)						
		[] Single	[] Head of Household					
С	ITY OR TOWN, STATE, AND ZIP CODE	[] Married Filing Separat Married Filing Joint:	le					
		[] one spouse working	[] both spouses working					
Ch	eck all that apply (see note after Line 1):							
1.	I elect not to have Georgia income tax withheld from my pens (NOTE: If you check this box, do not complete Line 2 or Line 3.	•						
2.	I want tax withheld from each pension or annuity payment based on the number of allowances listed here and marital status indicated above							
3.	I want the following additional amount withheld from each pe payment.	•						
	(Enter an amount here only if you completed Line 2.)							

Date

Your signature

SCHEDULE A

ADDITIONAL ALLOWANCES WORKSHEET FOR CALCULATING WITHHOLDING ALLOWANCES ENTERED ON LINE 2

1.COI	MPLETE THIS LIN	NE ONLY IF USING STA	ANDARD	DEDUCTION:		
,	You: Age 65	Blind				
Spo	ouse: 🔲 Age 65		(D)		1000	•
		Numb	per of Bloo	cks Checked	x 1300 =	\$
	DITIONAL ALLOW					
(A)	Estimated Federa	al Itemized Deductions.				\$
(B)	B) Georgia Standard Deduction				\$	
, ,	(This adjustment is necessary if itemized deductions are included in Line (A) because the standard deduction is built into the Georgia withholding tax tables. Both standard and itemized deductions can not be claimed.)					
	Enter One:	Single/Head of House Married Filing Joint Married Filing Separat		\$2,300 \$3,000 \$1,500		
(C)	Subtract Line (B)	from Line (A)				\$
(D)	(D) Allowable deductions to Federal Adjusted Gross Income\$ (such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law)					
(E)	Add the amounts	\$				
(F)	Estimated income not subject to withholding\$\$ (such as interest, dividends and lump sum distributions)					
(G) Subtract Line (F) from Line (E) (If zero or less, stop here)						\$
(H)	(H) Divide the amount on Line (G) by \$3,000					
(I)	(I) Enter the number from Page 1, Line E					
(J)	J) Add Lines (H) and (I). Enter the total here and on Form G-4P, Line 2					