NJ-W-4P
(8-96)

CERTIFICATE OF VOLUNTARY WITHHOLDING OF NEW JERSEY GROSS INCOME TAX FROM PENSION AND ANNUITY PAYMENTS

Type or Print Your Full Name

Home Address (No. and Street or Rural Route)

City or Town | State | Zip Code

Your Social Security No.

_____ / _____ / _____

Claim or ID Number of Your Pension or Annuity Contract

I elect to have New Jersey Gross Income Tax withheld from each pension or annuity payment in the amount of $ _____.00 (Minimum of $10.00 per payment or an even dollar amount greater than the minimum.)

Your Signature_____ Date _____

FORM MAY BE REPRODUCED