

# AFTRA RETIREMENT FUND

261 Madison Avenue  
New York, NY 10016  
Tel (800) 562-4690 Fax (212) 499-4925

## AFTRA Retirement Fund Federal Tax Withholding Form for Monthly Pension

Name: \_\_\_\_\_  
(please print your name)

SSN: \_\_\_\_\_

### Federal Income Tax

Please withhold Federal Income Tax as follows:

- I am married and entitled to \_\_\_\_\_ exemptions. Please withhold Federal Income Tax accordingly if required.
- I am single and entitled to \_\_\_\_\_ exemptions. Please withhold Federal Income Tax accordingly if required.
- Please withhold \$ \_\_\_\_\_ Federal Income Tax from my monthly pension.
- I do not want any Federal Income Tax withheld from my monthly pension.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_