FORM G-4P (Rev. 05/22/18)





## 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 1-877-423-6711 or download it from our website at dor.georgia.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 page 2 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 recipients 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 \	Vorksheet			
4	Enter "1" for yourself if you are single and have only one pension married and have only one pension				
3	Enter "1" if your spouse has no income subject to withholding or your spouse's				
	other income is \$1,000 or less	В			
	OR				
2	Enter "1" if you will file as head of household on your tax return	C			
)	Enter number of dependents (other than yourself and your spou	se)D			
Ξ	Total allowances (Total of Lines A, B and D or Line C plus Line E Enter here and on Line 2 below. If using Schedule A, enter this ron the reverse side and enter the total from Line (J) on Line 2 be	umber on Line (I)			
	Give this entire form (including page 2 "Schedule A")	o the payor and keep a c	opy for your records.		
T	YPE OR PRINT YOUR FULL NAME	SOCIAL SECURITY NUMBER			
HOME ADDRESS (Number and Street or Rural Route)		MARITAL STAT	US (check one only)		
		[ ] Single	[ ] Head of Household		
CI	TY OR TOWN, STATE, AND ZIP CODE	<ul><li>[ ] Married Filing Separate</li><li>Married Filing Joint:</li><li>[ ] one spouse working</li></ul>			
Cł 1.	neck all that apply (see note after Line 1):  I elect not to have Georgia income tax withheld from my position (NOTE: If you check this box, do not complete Line 2 or Line 3.)	ension or annuity.			
2.	I want tax withheld from each pension or annuity payment number of allowances listed here and marital status indica Payors should use the same withholding tables that are used for wat dor.georgia.gov.	ted above			
3.	I want the following additional amount withheld from each payment.  (Enter an amount here only if you completed Line 2.)				
	Your Signature		Date		



## **SCHEDULE A**

## ADDITIONAL ALLOWANCES WORKSHEET FOR CALCULATING WITHHOLDING ALLOWANCES ENTERED ON LINE 2

1.CON	MPLETE THIS LI	NE ONLY IF USING STANDARI	D DEDUCTION:		
`	You: 🔲 Age 65	5 🔲 Blind			
Spo	use: 🔲 Age 65	5 🔲 Blind			
·		Number of Bl	ocks Checked x 1300 =	\$	
	DITIONAL ALLOV		in - Doduction - )	Ф	
(A)	Estimated Feder	ai itemized Deductions (ii itemiz	ring Deductions)	\$	
(B)	Georgia Standar	rd Deduction		\$	
	(This adjustment is necessary if itemized deductions are included in Line (A)			Ψ	
	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 Household	\$4,600		
		Married Filing Joint	\$6,000		
		Married Filing Separate	\$3,000		
(C)	) Subtract Line (B) from Line (A) (If zero or less, enter zero)\$				
(0)	) Subtract Line (B) from Line (7) (ii 2010 of 1000, Chief 2010)				
	) Allowable deductions to Federal Adjusted Gross Income\$				
(such as Retirement Income Exclusion, U.S. Obligations, and other allowable					
	deductions per (	Georgia Law, see the IT-511 boo	oklet for more information)		
(E) Add the amounts on Lines 1, 2(C), and 2(D)				\$	
(-)				, , , , , , , , , , , , , , , , , , ,	
				\$	
	(such as interest	t, dividends and lump sum distrib	outions)		
(G) Subtract Line (F) from Line (E) (If zero or less, stop here)\$					
(0)	oubtract Enio (i )	, nom 2mo (2) (n 2010 on 1000, oc	SP 11616)	Ψ	
(H) Divide the amount on Line (G) by \$3,000					
	(This is the numb	ber of additional allowances. If th	ne remainder is over \$1,500 rour	d up)	
(1)	Enter the numbe				
(1)					
(J) Add Lines (H) and (I). Enter the total here and on Form G-4P, Line 2					