

**UA LOCAL 13 PENSION FUND  
RETIREMENT BENEFIT ACCOUNT  
1850 MT READ BLVD, ROCHESTER, NY 14615 (585) 338-2310**

**I THE UNDERSIGNED PAYEE UNDER THE UA LOCAL 13 PENSION FUND PLAN, HEREBY REQUEST THAT BEGINNING WITH THE FIRST PAYMENT DUE ME AFTER RECEIPT OF THIS NOTICE AND CONTINUING UNTIL FURTHER NOTICE FROM ME IN WRITING IS FILED WITH THE UA LOCAL 13 PENSION FUND, ALL PAYMENTS UNDER SAID CONTRACT BE DEPOSITED TO THE CREDIT OF MY/OUR ACCOUNT WITH :**

\_\_\_\_\_  
**NAME OF BANK**

**IF I SHOULD DIE PRIOR TO THE DATE ON WHICH ANY PAYMENT AS AFORESAID SHALL BECOME DUE UNDER THE TERMS OF PROVISIONS OF SAID CONTRACT, I HEREBY AUTHORIZE AND DIRECT MY BANK, NAMED ABOVE, TO REFUND TO THE UA LOCAL 13 PENSION FUND AND TO CHARGE MY/OUR ACCOUNT THE AMOUNT OF ANY SUCH OVERPAYMENT WITH LEGAL INTEREST.**

\_\_\_\_\_  
**SIGNATURE OF PAYEE**

\_\_\_\_\_  
**SIGNATURE OF SPOUSE**

**PLEASE ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THE CORRECT ACCOUNT NUMBER AND ROUTING NUMBER.**

**ACCOUNT NUMBER** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_

**CHECKING OR SAVINGS**

**(CIRCLE ONE)**

\_\_\_\_\_  
**NAME OF BANK OFFICER TO CONTACT**

\_\_\_\_\_  
**PHONE NUMBER**

# Employee's Withholding Allowance Certificate

**2012**

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<b>1</b> Your first name and middle initial	Last name	<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	<b>5</b> _____	
<b>6</b> Additional amount, if any, you want withheld from each paycheck	<b>6</b> \$ _____	
<b>7</b> I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ <b>7</b> _____		

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(This form is not valid unless you sign it.) ▶

Date ▶

<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)
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For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2012)



New York State Department of Taxation and Finance

# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

**IT-2104**  
(1/12)

Print or type	First name and middle initial	Last name	Your social security number
	Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
	City, village, or post office	State	ZIP code
Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the Single or Head of household box.			
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>			
Complete the worksheet on page 3 before making any entries. <b>1</b> Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17) ..... <b>1.</b> _____ <b>2</b> Total number of allowances for New York City (from line 28) ..... <b>2.</b> _____			
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.			
<b>3</b> New York State amount .....			<b>3.</b> _____
<b>4</b> New York City amount .....			<b>4.</b> _____
<b>5</b> Yonkers amount .....			<b>5.</b> _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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**Penalty** — A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

**Employers only:** Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instr.):

A. Employee claimed more than 14 exemption allowances for NYS ..... A.

B. Employee is a new hire or a rehire.... B.  First date employee performed services for pay (mm-dd-yyyy) (see instr.): \_\_\_\_\_

Are dependent health insurance benefits available for this employee? ..... Yes  No

If Yes, enter the date the employee qualifies (mm-dd-yyyy): \_\_\_\_\_

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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I do not want any State or Federal Tax withheld from my Pension Check

Date

Signature