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 <u>dor.georgia.gov</u>.

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 Worksheet

	Personal Allowances wo	orksneet			
	Enter "1" for yourself if you are single and have only one pension or married and have only one pension	•			
В	Enter "1" if your spouse has no income subject to withholding or yo	ur 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			
)	Enter number of dependents (other than yourself and your spouse))D			
	Total allowances (Total of Lines A, B and D or Line C plus Line D) . Enter here and on Line 2 below. If using Schedule A, enter this num on the reverse side and enter the total from Line (J) on Line 2 below	nber on Line (I)			
	Give this entire form (including page 2 "Schedule A") to	the payor and keep a co	ppy for your records.		
		Г			
ΙY	PE OR PRINT YOUR FULL NAME	SOCIAL SECURITY NUM	BER		
HOME ADDRESS (Number and Street or Rural Route)		MARITAL STATU	JS (check one only)		
		Single	☐ Head of Household		
CITY OR TOWN, STATE, AND ZIP CODE		☐ Married Filing Separate Married Filing Joint:			
		one spouse working	□ both spouses working		
Ch 1.	eck all that apply (see note after Line 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.)	sion or annuity.			
2.	number of allowances listed here and marital status indicated above				
3.	at dor.georgia.gov. I want the following additional amount withheld from each perpayment.				
	(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

MPLETE THIS L	INE ONLY IF USING STANDARI	D DEDUCTION:		
You: Age 6	65 🔲 Blind			
ouse: 🔲 Age 6				
	Number of Bl	ocks Checked x 1300 =	\$	•
		zina Deductions)	\$	
Estimated Fede	oral iterrized beddeficite (ii iterriz	ing beddettens,	φ	•
			\$	
because the sta	andard deduction is built into the	Georgia withholding tax tables.		
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)			\$	
			\$	
`		•		
•	•	,		
(E) Add the amounts on Lines 1, 2(C), and 2(D)			\$	
Estimated incor	me not subject to withholding		\$	
Subtract Line (E	E) from Lina (E) (If zoro or loss, st	ton horo)	¢	
Subtract Line (F		.op nere)	φ	
Enter the numb	er from Page 1, Line E			
Add Lines (H) a	and (I). Enter the total here and or	n Form G-4P, Line 2		
	You: Age 6 DITIONAL ALLO Estimated Fede Georgia Standa (This adjustment because the standard astandard ast	You: Age 65 Blind DITIONAL ALLOWANCES: Estimated Federal Itemized Deductions (If Itemized Georgia Standard Deduction	Number of Blocks Checked x 1300 = DITIONAL ALLOWANCES: Estimated Federal Itemized Deductions (If Itemizing Deductions)	You: Age 65 Blind Number of Blocks Checked x 1300 =\$ DITIONAL ALLOWANCES: Estimated Federal Itemized Deductions (If Itemizing Deductions)\$ Georgia Standard Deduction