

**APPLICATION FOR FORMER SPOUSE PAYMENTS FROM RETIRED PAY**

*(Please read instructions on back and the Privacy Act Statement before completing this form.)*

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Sep 30, 2016

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**FOR OFFICIAL USE**

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE SERVICE ADDRESS LISTED ON BACK.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC 1408; DoD 7000.14, Vol. 7B. Chapter 29; and EO 9397.

**PRINCIPAL PURPOSE(S):** To request direct payment through a Uniformed Service designated agent of court ordered division of property, child support, or alimony, to a former spouse from the retired pay of a Uniformed Service member.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. Section 552a(b)(3) as follows: Records are provided to the Internal Revenue Service for normal wage and tax withholding purposes. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply.

**DISCLOSURE:** Voluntary; however, failure to provide requested information may delay or make impossible processing this direct payment request.

**1. APPLICANT IDENTIFICATION**

a. NAME (As it appears on court order) (Last, First, Middle Initial)

Sladek, Jessica A

b. CURRENT NAME (Last, First, Middle Initial)

Christian, Jessica A

c. SOCIAL SECURITY NUMBER

051-68-9259

d. ADDRESS (Street, City, State, ZIP Code)

7449 Jessamine Dr  
Lakeland FL 33810

**2. SERVICE MEMBER IDENTIFICATION**

a. NAME (Last, First, Middle Initial)

Sladek, Christopher P

b. BRANCH OF SERVICE (Active/Reserve)

Army National Guard

c. SOCIAL SECURITY NUMBER

468-98-7317

d. ADDRESS (Street, City, State, ZIP Code) (If known)

1852 W Lake Barker Dr  
Lakeland, FL 33805

e. TELEPHONE NUMBER (Include Area Code)

813-299-6691

e. TELEPHONE NUMBER (Include Area Code) (If known)

813-388-3329

f. EMAIL ADDRESS

jessladek83@aol.com

f. EMAIL ADDRESS (If known)

polomac83@aol.com

**3. REQUEST STATEMENT**

I request direct payment from the retired pay for one or more of the following categories of the above named Uniformed Service member based on the enclosed court order. I acknowledge that the payment priority will be (1) division of property; (2) child support; and (3) alimony unless I designate otherwise in Item 4.e.

I request payment of:

(1) A division of property in the amount of \$ \_\_\_\_\_, or 50 percent of disposable retired pay per month.

(2) Child support in the amount of \$ \_\_\_\_\_ per month.

(3) Alimony, spousal support or maintenance in the amount of \$ \_\_\_\_\_, or \_\_\_\_\_ percent of disposable retired pay per month.

I certify that any request for current child and/or spousal support is not being collected under any other wage withholding or garnishment procedure authorized by statute. Furthermore, I certify that the court order has not been amended, superseded or set aside and is not subject to appeal. As a condition precedent to payment, I agree to refund all overpayments and that they are otherwise recoverable and subject to involuntary collection from me or my estate, and I will notify the appropriate agent (as listed on back) if the operative court order, upon which payment is based, is vacated, modified, or set aside. I also agree to notify the appropriate agent (as listed on back) of a change in eligibility for payments. This includes notice of my remarriage, if under the terms of the court order or the laws of the jurisdiction where it was issued, remarriage causes the payments to be reduced or terminated; or notice of a change in eligibility for child support payments by reason of the death, emancipation, adoption, or attainment of majority of a child whose support is provided through direct payments from retired pay. I hereby acknowledge that any payment to me must be paid from disposable retired pay as defined by the statute and implementing regulations. I also hereby acknowledge that if there are not enough funds available to fully satisfy all of the awards requested above, the payment priority will be (1) division of property, (2) child support, and (3) alimony unless I designate otherwise in Item 4.e.

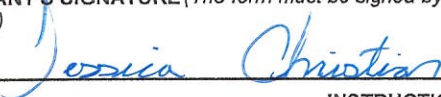


**4. I HAVE ENCLOSED ALL PERTINENT DOCUMENTATION TO INCLUDE: (X as applicable)**

a. A copy of the operative court order and other accompanying documents that provide for payment of division of retired pay as property, child support, or alimony, containing a certification dated by the clerk of the court within 90 days preceding the date the application is received by the designated agent. (See Item 4 instructions below.)	
b. Evidence of the date(s) of my marriage to the member if the application is for the direct payment of a division of the member's disposable retired pay as property (i.e., a copy of the marriage certificate, or a court order that shows the date of marriage).	
c. If payment request includes child support, give name(s) and birth date(s) of child(ren):	
(1) NAME OF CHILD (Last, First, Middle Initial)	(2) DATE OF BIRTH (YYYYMMDD)
d. If applying under Title 10 U.S.C. 1408(h), Dependent Victims of Abuse provision, in addition to 4.a. above, enclose both a copy of the member's court martial order and the member's statement of service.	
e. Other information (please identify) or remarks.	

**5. ACKNOWLEDGEMENT.**

I acknowledge that it is my responsibility to promptly provide the designated agent listed in the instructions below with any changes to my correspondence and payment address. I acknowledge that failure to do so may result in the termination of direct payments to me by the designated agent and all funds being released to the retired Uniformed Service member.

<b>6a. APPLICANT'S SIGNATURE</b> (The form must be signed by a spouse or former spouse and not the member or attorney.) 	<b>b. DATE SIGNED</b> (YYYYMMDD) 2021/03/29
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**INSTRUCTIONS FOR COMPLETION OF DD FORM 2293**

**GENERAL.** These instructions govern an application for direct payment from retired pay of a Uniformed Service member in response to court ordered division of property, child support, or alimony, under the authority of 10 USC 1408.

**SERVICE OF APPLICATION.** You may serve the application by mail on the appropriate Uniformed Service designated agent. The Uniformed Services' designated agents are:

- (1) **ARMY, NAVY, AIR FORCE, AND MARINE CORPS:** Attn: DFAS-HGA/CL, Assistant General Counsel for Garnishment Operations, P.O. Box 998002, Cleveland, OH 44199-8002. Application may also be served by fax to 877-622-5930 (toll-free).
- (2) **COAST GUARD:** Commanding Officer (LGL), United States Coast Guard, Pay and Personnel Center, 444 S.E. Quincy Street, Topeka, KS 66683-3591. Application may also be served by fax to 785-339-3788.
- (3) **NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION:** Same as U.S. Coast Guard.
- (4) **PUBLIC HEALTH SERVICE:** Attn: OCCSS, Compensation Branch, 8455 Colesville Road, Room 935, Silver Spring, MD 20857-0001. Application may also be served by fax to 1-301-427-3432.

**IMPORTANT NOTE:** Making a false statement or claim against the United States Government is punishable. The penalty for willfully making a false claim or false statement is a maximum fine of \$10,000 or maximum imprisonment of 5 years or both (18 USC 287 and 1001).

**ITEM 1.**

- a. Enter full name as it appears on the court order.
- b. Enter current name if different than it appears on court order.
- c. Enter Social Security Number.
- d. Enter current address.
- e. Enter telephone number.
- f. Enter email address, if applicable.

**ITEM 2.**

- a. Enter member's full name as it appears on the court order.
- b. Enter member's branch of service.
- c. Enter member's Social Security Number.
- d. Enter member's current address, if known.
- e. Enter member's telephone number, if known.
- f. Enter member's email address, if known.

**ITEM 3.** Read the Request Statement carefully, as it contains language stating that you "certify and acknowledge".

**ITEM 4.** A certified copy of a court order can be obtained from the court that issued the court order. Other documents include, but are not limited to, final divorce decree, property settlement order, and any appellate court orders.

If the court order does not state that the former spouse was married to the member for ten years or more while the member performed ten years creditable service and the request is for payment of a division of property, the applicant must provide evidence to substantiate the ten years' marriage condition.

Additional evidence must show that the ten years' requirement has been met, including: Uniformed Service orders, marriage certificate, and other documents that establish the period of marriage.

In addition, if the court order does not indicate the date of divorce, then you need to submit a copy of the divorce decree.

Other information or documents included with the request should be clearly identified by the document's title and date. Remarks may be provided to clarify specific points.

**ITEM 5.** Read the Acknowledgement carefully, as it contains language stating that you "acknowledge" to keep us informed of any change of correspondence and payment address. Failure to apprise DFAS of address changes may result in the suspension or termination of payments.

**ITEM 6a.** Applicant's signature required. The form may not be signed by a member or attorney.



# DIRECT DEPOSIT AUTHORIZATION

FOR PROCESSING FEDERAL NET PAYMENTS  
(Refer to instructions for preparing authorization before completing the form.)

## SECTION I - RECIPIENT INFORMATION

YOUR SOCIAL SECURITY NUMBER

0 5 1 6 8 9 2 5 9

RETIREE'S SOCIAL SECURITY NUMBER

4 6 8 9 8 7 3 1 7

YOUR NAME (Last, First MI)

Christian Jessica A

YOUR HOME TELEPHONE NUMBER

8 1 3 2 9 9 6 6 9 1

YOUR WORK TELEPHONE NUMBER

8 6 3 6 8 6 5 6 6 7

YOUR HOME / CORRESPONDENCE ADDRESS

7449 Jessamine Dr  
Lakeland, FL 33810

## SECTION II - ACCOUNT INFORMATION

TYPE OF ACCOUNT

- CHECKING  
 SAVINGS

TYPE OF PAYMENT

- COMMUNITY PROPERTY  
 CHILD SUPPORT  
 ALIMONY

NOTE: IF YOU SELECTED A CHECKING ACCOUNT, A VOIDED PERSONAL CHECK OR SHAREDRAFT MUST BE ATTACHED, IN ADDITION TO COMPLETING ITEMS 8 THROUGH 12 OF THIS SECTION. SEE INSTRUCTIONS ON THE BACK OF THIS FORM.

ROUTING TRANSIT NUMBER

2 5 6 0 7 4 9 7 4

ACCOUNT NUMBER

3 0 6 2 2 5 0 3 2 3

ACCOUNT TITLE (Account Holder's Name)

Jessica A Christian

FINANCIAL INSTITUTION NAME AND ADDRESS

Navy Federal Credit Union  
PO Box 3501  
Merrifield, VA 22119-3501

## SECTION III AUTHORIZATION

RECIPIENT'S SIGNATURE

Jessica Christian

DATE (YYYYMMDD)

2021/03/29

**PRIVACY ACT STATEMENT**

Collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the federal agency to the financial institution and/or its agent.

**INSTRUCTIONS FOR PREPARING AUTHORIZATION**

**PURPOSE** - You may use this form to provide instructions for processing your net pay. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit / Electronic Funds Transfer Program.

**SECTION I - EMPLOYEE / MEMBER / ANNUITANT INFORMATION (ITEMS 1-5)**

You must complete all blocks after carefully reading the instructions and Privacy Act Statement. You must keep the agency informed of any address change to remain qualified for payments.

**SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION**

**ITEM 6 - TYPE OF ACCOUNT** - Place "X" in the appropriate box, to indicate if you want your payment to be sent to a checking or savings account.

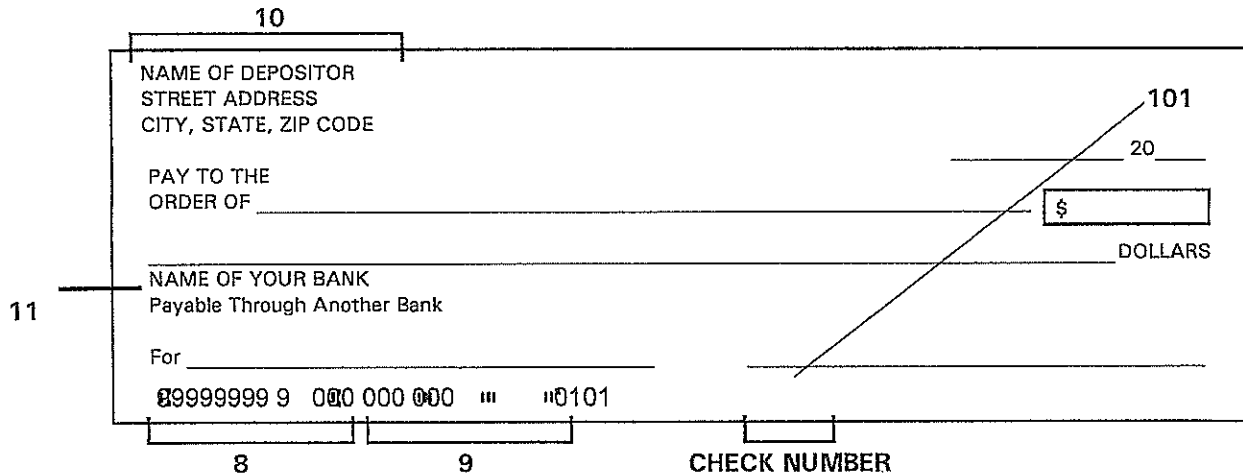
**ITEM 7 - TYPE OF PAYMENT** - Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

**ITEM 8 - ROUTING TRANSIT NUMBER** - Your financial institution's 9-digit routing transit number. See the illustration below.

**ITEM 9 - ACCOUNT NUMBER** - Your account number at your financial institution. See the illustration below.

**ITEM 10 - ACCOUNT TITLE** - The depositor's name on the account at the financial institution. See the illustration below.

**ITEM 11 - FINANCIAL INSTITUTION NAME / ADDRESS** - The institution to which payments are to be directed  
See the illustration below.



**8 - ROUTING TRANSIT NUMBER** - Examine your deposit slip or check for items labeled 9 in the above sample. Is the Routing Transit Number (RTN) eight numbers in a row followed by a space and then one number? Is the first number of the RTN "0," "1," "2," or "3"? If the answer to both questions is "yes" enter the numbers from your deposit slip or check on the reverse of this form in Item 9. Otherwise, call your financial institution and ask them to provide you with their RTN.

**9 - ACCOUNT NUMBER** - Include dashes where the symbol III appears on your check or deposit slip. Be sure not to include the check number (#101 in the example) or deposit slip number as part of your Account Number in Item 9. If you cannot determine your Account Number, contact your financial institution.

**10 - ACCOUNT TITLE** - Must include recipient's name.

**11 - FINANCIAL INSTITUTION NAME / ADDRESS** - If your check or sharedraft includes "Payable Through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit.

**SECTION III - AUTHORIZATION**

**ITEMS 12 AND 13** - You must sign and date this form before the authorization can be processed.

**FOR CHANGES** - You must complete and submit a new "Direct Deposit Authorization" form to the applicable DoD agency. We recommend that you maintain accounts at both financial institutions until the new institution receives your Direct Deposit payments.

**FOR CANCELLATIONS** - This authorization will remain in effect until you cancel by providing a written notice to the DoD Agency or by your death or legal incapacity. Upon cancellation, you should notify the receiving financial institution. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government Agency.



**Withholding Certificate for  
Pension or Annuity Payments**

**2017**

**Purpose.** Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2017.

**What do I need to do?** Complete lines A through G of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

**Sign this form.** Form W-4P is not valid unless you sign it.

**Future developments.** For the latest information about Form W-4P, such as legislation enacted after we release it, go to [www.irs.gov/w4p](http://www.irs.gov/w4p).

**Personal Allowances Worksheet (Keep for your records.)**

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 { • You're single and have only one pension; or   
 • You're married, have only one pension, and your spouse has no income subject to withholding; or   
 • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. } . . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you're married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter the number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return . . . . . **E** \_\_\_\_\_

**F Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then **less "1"** if you have two to four eligible children or **less "2"** if you have five or more eligible children.   
 • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . . **F** \_\_\_\_\_

**G** Add lines A through F and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶ **G** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 { • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you're **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

**Withholding Certificate for  
Pension or Annuity Payments**

**2017**

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial <b>Jessica A</b>	Last name <b>Christian</b>	Your social security number <b>051-68-9259</b>
Home address (number and street or rural route) <b>7449 Jessamine Drive</b>		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code <b>Lakeland, FL 33810</b>		

**Complete the following applicable lines.**

**1** Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶

**2** Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . . ▶ \_\_\_\_\_  
**Marital status:**  Single  Married  Married, but withhold at higher Single rate. (Enter number of allowances.)

**3** Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) . . . . . ▶ \$ \_\_\_\_\_

Your signature ▶ **Jessica Christian** Date ▶ **02/29/2021**

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any credit amounts from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line G, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you use the <b>Multiple Pensions/More-Than-One-Income Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4P, line 2, page 1 . . . . .	<b>10</b>	_____

### Multiple Pensions/More-Than-One-Income Worksheet

**Note:** Complete *only* if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

<b>1</b>	Enter the number from line G, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying pension or job and enter it here. <b>However</b> , if you're married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying pension or job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	<b>Divide</b> line 8 by the number of pay periods remaining in 2017. For example, divide by 12 if you're paid every month and you complete this form in December 2016. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment . . . . .	<b>9</b>	\$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from LOWEST paying job or pension are—	Enter on line 2 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above	If wages from HIGHEST paying job or pension are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

## Additional Instructions

Section references are to the Internal Revenue Code.

**When should I complete the form?** Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you're having withheld compares to your projected total federal income tax for 2017. You also may use the IRS Withholding Calculator at [www.irs.gov/individuals](http://www.irs.gov/individuals) for help in determining how many withholding allowances to claim on your Form W-4P.

**Multiple pensions/more-than-one-income.** To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but don't claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

**Other income.** If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Get Form 1040-ES and Pub. 505 at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

**Note:** Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

## Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are to be delivered outside the United States or its possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments to be delivered outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

**Choosing not to have income tax withheld.** You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution—20% withholding* on page 4.

**Caution:** There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

**Periodic payments.** Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you can't designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you don't want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 4.

**Caution:** If you don't submit Form W-4P to your payer, the payer must withhold on periodic payments as if you're married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,720 a month.

If you submit a Form W-4P that doesn't contain your correct social security number (SSN), the payer must withhold as if you're single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you can't use Form W-4P because they're already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

**Nonperiodic payments—10% withholding.** Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) unless you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. However, see *Payments to Foreign Persons and Payments To Be Delivered Outside the United States* on page 4. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You can't use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

**Caution:** If you submit a Form W-4P that doesn't contain your correct SSN, the payer can't honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.



**Eligible rollover distribution—20% withholding.** Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you can't choose not to have income tax withheld from eligible rollover distributions. Don't give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

**Note:** The payer won't withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and aren't subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* on page 3.

**Tax relief for victims of terrorist attacks.** For tax years ending after September 10, 2001, disability payments for injuries incurred as a direct result of a terrorist attack directed against the United States (or its allies), whether outside or within the United States, aren't included in income. You may check the box on line 1 of Form W-4P and submit the form to your payer to have no federal income tax withheld from these disability payments. However, you must include in your income any amounts that you received or you would've received in retirement had you not become disabled as a result of a terrorist attack. See Pub. 3920, *Tax Relief for Victims of Terrorist Attacks*, for more details.

### Changing Your "No Withholding" Choice

**Periodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

**Nonperiodic payments.** If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit Form W-4P to your payer.

### Payments to Foreign Persons and Payments To Be Delivered Outside the United States

Unless you're a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are to be delivered to you outside the United States or its possessions. You can't choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and Pub. 519, *U.S. Tax Guide for Aliens*, for details. A foreign person should submit Form W-8BEN, *Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding*, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

### Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, *Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.*, showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you're a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, *Foreign Person's U.S. Source Income Subject to Withholding*, by March 15 of next year.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



ARMY NATIONAL GUARD CURRENT ANNUAL STATEMENT

SSG SLADEK CHRISTOPHER PAUL  
 XXX-XX-7317  
 CO G 53RD SPT BN FSC FA  
 38017 LIVE OAK AVE  
 DADE CITY, FL 33523-3816  
 PWZG0-228

Date Prepared: 2016/08/23  
 Output Reason: Annual  
 AYE: 06/15  
 BASD:  
 Notice of Eligibility: NO  
 Highest Grade Held: E06  
 RPED: 2042/04/12, 0 Pds.

This summary is a statement of your points earned towards retirement. You should review all entries and report any discrepancies to your unit clerk. Particular attention should be given to any period of service with a verification status (VS) of "B" because points are not credited until verified.

Begin Date (yyyymmdd)	End Date (yyyymmdd)	MMSI	IDT	MEM	ACCP Misc Pts	FHD	AD Pts	VS	Total Career Points	Total Pts For Ret Pay	Creditable Svc For Ret Pay
2000/06/16	2001/06/06	E5	0	--	0	0	0	V	--	--	--/--
2001/06/07	2001/06/15	A1	0	15	0	0	9	V	24	24	01/00/09
2001/06/16	2002/06/15	A1	0	0	0	0	365	V	365	365	01/00/00
2002/06/16	2003/06/15	A1	0	0	0	0	365	V	365	365	01/00/00
2003/06/16	2004/06/15	A1	0	0	0	0	366	V	366	366	01/00/00
2004/06/16	2005/04/30	A1	0	--	0	0	319	V	--	--	--/--
2005/05/01	2005/06/15	D4	0	2	0	0	0	V	321	321	01/00/00
2005/06/16	2005/07/21	D4	0	--	0	0	0	V	--	--	--/--
2005/07/22	2006/06/15	B1	47	15	0	0	13	V	75	75	01/00/00
2006/06/16	2007/06/15	B1	45	15	66	0	16	V	142	106	01/00/00
2007/06/16	2008/06/15	B1	41	15	0	0	16	V	72	72	01/00/00
2008/06/16	2009/06/15	B1	42	15	0	0	53	V	110	110	01/00/00
2009/06/16	2010/01/01	B1	22	--	0	0	28	V	--	--	--/--
2010/01/02	2010/06/15	B2	0	15	0	0	165	V	230	230	01/00/00
2010/06/16	2011/01/13	B2	0	--	0	0	212	V	--	--	--/--
2011/01/14	2011/06/15	B1	25	15	0	0	0	V	252	252	01/00/00
2011/06/16	2012/06/15	B1	46	15	0	0	0	V	61	61	01/00/00
2012/06/16	2013/06/15	B1	35	15	0	0	52	V	102	102	01/00/00
2013/06/16	2014/06/15	B1	39	15	0	0	30	V	84	84	01/00/00
2014/06/16	2015/06/15	B1	43	15	0	0	15	V	73	73	01/00/00
2015/06/16	2016/06/15	B1	44	15	0	0	21	V	80	80	01/00/00
2016/06/16	--	B1	10	--	0	0	0	V	--	--	--/--
Grand Totals							2045		2722	2686	15/00/09

MILITARY MEMBERSHIP STATUS IDENTIFIERS

- E5 - Delayed Entry Program (Any Component)
- A1 - United States Army Regular Service
- D4 - USAR Control Group (Reinforcement)
- B1 - Army National Guard Unit Member
- B2 - Army National Guard Mobilized Service

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NON-CREDITABLE PERIODS OF SERVICE

From Date	To Date	Reason
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As of this date, you have accumulated 2686 points and 15 years 0 months 9 days creditable service toward eligibility for retired pay. You therefore require 5 more years of creditable service to reach 20 years. The following chart displays the different retirement options available to you. These values are based upon satisfactory service at your highest pay grade held.

If you retire...	Based on ...	Your monthly retired pay at retirement age would be approximately...
At 20 years of creditable service	Your highest pay grade held to date The current pay scale Continued earning of a minimum of 78 points per year until you reach 20 years of creditable service	\$805.85
At Age 60	Your highest pay grade held to date 3% cost of living increase per year Continuing active status until age 60 Continued earning of a minimum of 78 points per year until you reach age 60	\$2663.33