

COMPLETE & MAIL TO :
Social Security Office
444 Lincoln Hwy
Fairless Hills Pa 19030

Form **W-4V**
(Rev. February 2018)
Department of the Treasury
Internal Revenue Service

Voluntary Withholding Request
(For unemployment compensation and certain Federal Government and other payments.)

OMB No. 1545-0074

▶ **Give this form to your payer. Do not send it to the IRS.**

| | | | |
|---|------------------------------|--------------------------------------|------------------------------|
| 1 Your first name and middle initial | Last name | 2 Your social security number | |
| 3 Home address (number and street or rural route) | City or town | State | ZIP code |
| 4 Claim or identification number (if any) you use with your payer. | | | |
| 5 <input type="checkbox"/> I want federal income tax withheld from my unemployment compensation at a rate of 10% of each payment. | | | |
| 6 I want federal income tax withheld from (a) my social security benefits, (b) my social security equivalent Tier 1 railroad retirement benefits, (c) my Commodity Credit Corporation loans, (d) certain crop disaster payments under the Agricultural Act of 1949 or under Title II of the Disaster Assistance Act of 1988, or (e) dividends and other distributions from Alaska Native Corporations to its shareholders, at the rate of (check one): | | | |
| 7% <input type="checkbox"/> | 10% <input type="checkbox"/> | 12% <input type="checkbox"/> | 22% <input type="checkbox"/> |
| 7 <input type="checkbox"/> I want you to stop withholding federal income tax from my payment(s). | | | |

Your signature ▶

Date ▶

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

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