

Annuity payment plan election



Instructions

Use this form when requesting an annuitization which will result in your Contract being set up for fixed payments for the duration of your choosing. These payments are permanent and cannot be changed or altered in any way. This election cannot be reversed and no additional withdrawals can be made once the Contract is annuitized. Altered documents, including but not limited to correction fluid or reused/photocopied signatures will not be accepted. Please make sure IRS form W-4P Withholding Certificate for Periodic Pension or Annuity Payments and both pages of this form are submitted and all sections are completed accurately to ensure prompt processing of your request. All Contract Owners must sign this form.

1. Contract information

If the Contract is owned by a trust, a Certification of Trust form that is associated with your type of trust must be completed and submitted if you have not previously provided one.

Annuity Policy/Contract number

Owner's name (first, middle initial, last)	Social Security number
Joint Owner's name (if applicable) (first, middle initial, last)	Social Security number
Non-natural Owner (if applicable, Trust, corporation etc.)	Tax identification number/Employer identification number

2. Alternate payee information (Payments will be sent directly to the annuitant unless this section is completed.)

Send to: Owner Other _____
Payee name and address, if requesting EFT (electronic funds transfer). The EFT information must be in the payee's name.

3. Payment date and mode

As an added service to our clients, annuity payments are generated and sent approximately seven days before they are due to ensure receipt by the payment due date. Payments due between January 1-7 may be generated in December of the prior tax year, and will be reported on form 1099-R for the year in which they are generated.

The first payment will be made within 31 days of our receipt of all documents needed to process your election, unless otherwise specified below, or unless the payment option elected requires an alternate first payment date. Your payments cannot be processed after the 28th of any month.

Withdrawal in the following frequency: Monthly* Quarterly Semi-Annually Annually

Starting on ____/____/____ (date: mm/dd)

*If monthly payments are selected, the method of payment must be EFT (electronic funds transfer). Complete EFT section below.

4. Method of payment

Check one of the following options. If no election is indicated, funds will be sent EFT to the banking information on file for a disbursement. If no banking information is on file a check will be mailed to you at the address of record.

Important information regarding EFT: should an inappropriate deposit be made, the financial institution is authorized to make a debit entry to your account and return the corrected amount to Midland National®.

- Send check out regular mail
- Send funds electronic funds transfer (EFT) — I authorize Midland National to automatically deposit this withdrawal into the account that is currently on file. To add or update banking information, provide one of the required documents.
- Checking account** – A voided check in the annuity Contract Owner's name is required.
 - Savings account** – A letter on your bank's letterhead, signed and dated by a bank official, with the annuity Contract Owner's name, account number and routing number is required.

A check will be sent regular mail if the above electronic funds transfer (EFT) requirements are not received with this form or additional EFT verification is required.

5. Payment election

I/We request, in place of all benefits otherwise payable under the Contract, that the proceeds of the above annuity be paid indicated below.

The annuitization payments will be calculated using the date the home office receives this completed request unless a future date is noted by the Contract Owner.

Note: this is a final election that, once processed, cannot be changed in any way or reversed. Refer to your Contract for specific information regarding the elections below. An annuitization quote can be provided to the Contract Owner upon request.

Select only one of the five options below:

Option 1 **Income for a specified period**
Proceeds paid in equal installments for the duration of the specified period only. Upon the death of the primary payee, any remaining payments will be payable to the Beneficiary.
The specified period shall be _____ years.

Option 2 **Life only income**
Proceeds paid during the lifetime of the primary payee. Upon the death of the primary payee, payments will cease.
Supply a copy of the payee's driver's license or birth certificate and complete the enclosed life only disclaimer statement (form 8968S). The copy of this document must be legible for us to honor the request.

Option 3 **Life income with installments for specified period certain**
Proceeds paid during the lifetime of the primary payee. Upon the death of the primary payee, any remaining payments will be payable to the Beneficiary.
The specified period certain shall be _____ years.
Supply a copy of the payee's driver's license or birth certificate. The copy of this document must be legible for us to honor the request.

Option 4 **Income of a specified amount**
Proceeds paid in equal installments to the primary payee until the proceeds, together with the interest thereon, are exhausted. Upon the death of the primary payee, any remaining payments will be payable to the Beneficiary. Please refer to your Contract for specifics and duration minimums.
The specified amount shall be _____ . (specify amount - \$50 minimum)

Option 5 **Joint and survivor income**
Proceeds are paid during the lifetimes of both the primary and contingent payees. Upon the death of either payee, payments continue to the survivor of them for (Select one):
 100% of original amount 67% of original amount 50% of original amount

With specified period of _____ years (If a specified period is not elected, payments will cease upon the death of the second payee.)*

Primary payee name (first, last)

Contingent payee name (first, last)

Contingent payee Social Security number

Date of birth of contingent payee

Relationship to payee

Supply a copy of both the primary payee and the contingent payee's driver's license or birth certificate. The copy of this document must be legible for us to honor the request. (Complete the enclosed life only disclaimer statement (form 8968S) if not electing with specified period.)

***When choosing this option, the primary payee and the contingent payee cannot be listed as a Beneficiary in section 6. Upon the death of either payee, the survivor will continue to receive the annuitization payments. Upon the second death, but prior to the end of any Specified Period, the listed Beneficiary will receive remaining payments.**

6. Beneficiary designation (If designating additional Beneficiaries that will not fit on this page, list them on a separate piece of paper that is signed and dated.)

Important information regarding your Beneficiary; Only options 1, 3, 4 or 5 (with period certain chosen) will need a designated Beneficiary. The Beneficiary designation that is currently on file will be used for these annuitization options if no new information is received. If you would like to change the Beneficiary that is currently on file, please provide the new updated information below:

- | | | | |
|----------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Primary | <input type="checkbox"/> Contingent | <input type="checkbox"/> Per Stirpes | (If additional info is need on either of these two options, please request the full Beneficiary Change form) |
| <input type="checkbox"/> Trust* | <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ | <input type="checkbox"/> Irrevocable | |

**If the contract is owned by a trust, a Certification of Trust form that is associated with your type of trust must be completed and submitted if you have not previously provided one.*

Name (first, middle initial, last)		Birth date/Trust date (mm/dd/yyyy)
Address		Social Security number/Tax ID number
City	State	ZIP
Relationship	Phone number	Percentage

- | | | | |
|----------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Primary | <input type="checkbox"/> Contingent | <input type="checkbox"/> Per Stirpes | (If additional info is need on either of these two options, please request the full Beneficiary Change form) |
| <input type="checkbox"/> Trust* | <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ | <input type="checkbox"/> Irrevocable | |

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Address		Social Security number/Tax ID number
City	State	ZIP
Relationship	Phone number	Percentage

- | | | | |
|----------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Primary | <input type="checkbox"/> Contingent | <input type="checkbox"/> Per Stirpes | (If additional info is need on either of these two options, please request the full Beneficiary Change form) |
| <input type="checkbox"/> Trust* | <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ | <input type="checkbox"/> Irrevocable | |

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Name (first, middle initial, last)		Birth date/Trust date (mm/dd/yyyy)
Address		Social Security number/Tax ID number
City	State	ZIP
Relationship	Phone number	Percentage

- | | | | |
|----------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Primary | <input type="checkbox"/> Contingent | <input type="checkbox"/> Per Stirpes | (If additional info is need on either of these two options, please request the full Beneficiary Change form) |
| <input type="checkbox"/> Trust* | <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ | <input type="checkbox"/> Irrevocable | |

**If the contract is owned by a trust, a Certification of Trust form that is associated with your type of trust must be completed and submitted if you have not previously provided one.*

Name (first, middle initial, last)		Birth date/Trust date (mm/dd/yyyy)
Address		Social Security number/Tax ID number
City	State	ZIP
Relationship	Phone number	Percentage

7. Federal election of withholding

The IRS requires the completion of form W-4P Withholding Certificate for Periodic Pension or Annuity Payments. Please fill out and return IRS form W4-P and Annuity payment plan election form; both completed forms are required for processing.

8. State election of withholding

Important state tax withholding information: If you reside in a state that requires tax withholding, we will withhold state income tax in accordance with the respective state's rules.

Withhold state taxes - (select yes or no)

No Yes _____%

9. Acknowledgement and signature(s)

CA Residents only: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

All Residents: I/We hereby acknowledge and understand that:

- In agreeing to annuitize this annuity Contract, Midland National does not make any warranty as to penalty or the satisfaction of minimum distribution rules as set forth by the internal revenue code. Subject to approval of this request by Midland National, I hereby revoke and cancel any prior request or election which I have made as Owner.
- This form must be fully completed and failure to complete any portion of this form may delay the processing of the request.
- By current Company practice*, surrender charges will not be applied to qualifying options. These options include the following:
 - 1) Life income option if the annuity has been in force for at least one year.
 - 2) An option greater than or equal to a 10-year period certain if the annuity has been in force for at least five years. Refer to your annuity Contract for additional options if applicable.

*A feature offered "by current company practice" is not a contractual guarantee of this annuity Contract and can be removed or changed at any time.

Taxpayer certification

Under penalty of perjury, my signature certifies that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
- 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
- 3) I am a U.S. citizen or U.S. resident alien; and
- 4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Owner's signature	Date (mm/dd/yyyy)
Joint Owner's signature (if applicable)	Date (mm/dd/yyyy)
Signature of irrevocable Beneficiary (if any)	Date (mm/dd/yyyy)
*Signature of current Owner's spouse	Date (mm/dd/yyyy)
**Signature of disinterested witness	Date (mm/dd/yyyy)

*If this transaction is subject to a community property interest, we strongly recommend that you obtain your spouse's signature on the spousal signature line in the acknowledgment section of the form to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. You understand and agree that Midland National may presume that no community property interest exists if you have not obtained your spouse's signature. Further, you understand and agree that Midland National has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold Midland National harmless from any consequences relating to community property interests and this transaction. Note: the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership or similar law.

**If the current Owner resides in the state of Massachusetts, the signature of a disinterested witness is required. A disinterested witness is described as anyone other than a designated Beneficiary. An agent/representative may not sign as a disinterested witness.



171107

Withholding Certificate for Periodic Pension or Annuity Payments

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2024

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	Add other credits, such as foreign tax credit and education tax credits	\$ _____	
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c) \$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

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 pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change 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). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing 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 territories 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.