



Benefit Services

SERVING LOCAL UNION 725 & MCASF

15800 Pines Blvd, Suite 201, Pembroke Pines, FL 33027
info@725benefits.org | 754.777.7735

MCASF LOCAL 725 PENSION PLAN

Dear Applicant:

Enclosed you will find an application for Retirement or Death benefits from MCASF Local 725 Pension Trust Fund as well as a calculation of your pension benefit. You will need to provide all the information requested and sign and notarize your application. Incomplete or unsigned forms could delay your request for benefits. An application checklist is included to assist you in completing your application.

Also enclosed for your completion and signature are the following forms: Direct Deposit Authorization and Federal Tax Withholding Form W-4P. These forms should accompany your returned application along with the requested documents listed on the checklist.

As noted on the checklist, for Proof-of-Age, you may submit one (!) of the following acceptable documents: Birth Certificate, Passport, Baptismal Certificate, Naturalization papers, or Military records/ID. If you are married, please include Proof-of-Age for your Spouse and a copy of your Marriage License/Certificate.

For a Disability Retirement, you will also need to provide your entire Disability Determination Award letter from the Social Security Administration.

For a Death benefit, please include a copy of the participant's certified Death Certificate issued by the State in which the participant passed.

Please realize that the process to establish a pension benefit takes approximately 45 – 90 days. In order to hasten this process, it is imperative that you return complete and properly signed application package, plus the applicable copies of your supporting documents to:

MCASF Local 725 Pension Plan
c/o Benefit Services
15800 Pines Boulevard, Suite 201
Pembroke Pines, FL 33027

Should you have any questions or concerns regarding your application, please contact Benefit Services at (754) 777-7735.

Sincerely,
Pension Department
MCASF Local 725 Pension Trust Fund

CHECK LIST OF ITEMS/DOCUMENTATION to SUBMIT WITH YOUR MCASF LOCAL 725 PENSION TRUST FUND APPLICATION

Please utilize the check list below to ensure that you have all necessary documents to complete your application for benefits from the Pension Fund. Please make sure your application is complete and accurately signed prior to submission. Missing documents and an incomplete application will delay the processing of receiving your benefit.

Please Note!! Items that are in **bold** MUST be signed in front a Notary Public (date of both signatures & dates must match)

- Application For Benefit Form**
- Benefit Election Form**
- Direct Deposit Form
- W-4P Tax Withholding Notice & Election**
- Copy of your birth certificate
- Copy of your photo ID
- Copy of your Social Security card
- Copy of your marriage certificate *(if remarried and applicable)*

Please review the forms you are submitting to make sure that you have completed all blanks, signed where necessary, including the signature of a Notary Public where applicable and answered the questions accurately and completely.

Should you have any questions regarding the forms or necessary documents, please contact the Benefit Office at (754) 777-7735.



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**MCASF LOCAL 725 PENSION TRUST FUND
APPLICATION FOR RETIREMENT ALTERNATE PAYEE BENEFIT**

NAME (Last, First, Middle)		
ADDRESS		
CITY, STATE, ZIP		
TELEPHONE NUMBER	EMAIL ADDRESS	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
DATE OF MARRIAGE	DATE OF DIVORCE	QDRO APPROVAL DATE

NAME OF PARTICIPANT (Last, First, Middle)

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS. I DO ALSO HEREBY CERTIFY THAT I AM THE FORMER SPOUSE OF THE PARTICIPANT AND AM ENTITLED TO THE BENEFITS IN WHICH THIS APPLICATION REQUEST.

SIGNATURE	DATE
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Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20____

Notary Public, _____ County
State of _____

My Commission expires _____

Signature _____

NOTICE to NOTARIES: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



COMMUNICATION OF APPLICATION STATUS

I _____ request all communication regarding my application for pension benefits from MCASF Local 725 Pension Trust Fund in the following manner:

- U.S. Mail**
 - My mailing address is: _____
- Electronic Mail**
 - My email address is: _____
- Phone**
 - My phone number is: _____
 - This is a land-line _____ This is a cell phone _____

Signature of Applicant

Date Signed



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BENEFIT ELECTION FORM

Single Life Only

Monthly benefit payments will only be paid to me for the remainder of my lifetime. There will be no payments to anyone after my death.

5 Year Certain and Life

My primary beneficiary, who is designated on my pension application, is to receive, in the event I die within the first five years of the date my pension begins, monthly payments for the remainder of the five-year period following such date, in the same amount as the benefit I was receiving prior to death. In the event my primary beneficiary does not survive said five-year period, the benefits remaining should be paid to the contingent beneficiary as designated on the applicable form.

10 Year Certain and Life

My primary beneficiary, who is designated on my pension application, is to receive, in the event I die within the first ten years of the date my pension begins, monthly payments for the remainder of the ten-year period following such date, in the same amount as the benefit I was receiving prior to death. In the event my primary beneficiary does not survive said ten-year period, the benefits remaining should be paid to the contingent beneficiary as designated on the applicable form.

YOUR ELECTION IS NOT VALID UNTIL YOU COMPLETE AND RETURN THIS FORM.

THIS ELECTION REVOKE ANY OTHER PREVIOUS ELECTION I HAVE MADE.

Signature of Applicant

Date Signed

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,

This _____ day of _____, 20____

Print Name of Notary Public

Notary Public, _____ County,

State of _____

My Commission expires _____

Signature _____

NOTICE to NOTARIES: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified



MCASF LOCAL 725 PENSION TRUST FUND
5 Year or 10 Year Certain & Life Election Beneficiary Designation

I _____, have elected a 5 year or 10 year Certain and Life benefit and do hereby designate the following Beneficiary and if in the event that my primary beneficiary does not survive the elected period, I do hereby designate the follow Contingent Beneficiary.

BENEFICIARY NAME (Last, First, Middle)	BENEFICIARY SOCIAL SECURITY NUMBER
BENEFICIARY ADDRESS	BENEFICIARY DATE OF BIRTH
CITY, STATE, ZIP	RELATIONSHIP

CONTINGENT BENEFICIARY NAME (Last, First, Middle)	CONTINGENT SOCIAL SECURITY NUMBER
CONTINGENT ADDRESS	CONTINGENT DATE OF BIRTH
CITY, STATE, ZIP	RELATIONSHIP

Participant's Signature

Date

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20____

Print Name of Notary
Notary Public, _____ County
State of _____
My Commission expires _____

Signature of Notary



MCASF Local 725 Pension Trust Fund

15800 Pines Blvd., Suite 201 Pembroke Pines, FL 33027
Phone (754) 777-7735 Fax (754) 999-2205

Dear Pensioners and Beneficiaries,

The Board of Trustees of MCASF Local 725 Pension Trust Fund in an effort to ensure that all pensioners and beneficiaries receive their monthly pension benefit timely and securely, have determined that all pension benefit must be received via electronic deposit effective July 1, 2019.

Direct deposit is **safe** because your benefit payment is automatically deposited into your bank account. Direct deposit is **fast and easy** because your benefit payment is deposited directly into your checking or savings account on time, correctly and confidentially.

Enclosed is a Direct Deposit Form. Please take a few minutes and complete the form on the back. It will take the Fund Office about 30 days after it receives your authorization to set up the procedure with your bank.

Please notify the Fund Office *immediately* whenever you change your address so that our records will be updated and you will continue to receive your monthly direct deposit.

Should you need assistance in completing the enclosed Direct Deposit Form or if you have questions regarding your monthly pension benefit, please contact the Fund Office at the number above.

Sincerely,

Board of Trustees
MCASF Local 725 Pension Trust Fund

DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section.

Routing No. _____ Account No. _____

Type of Account: Checking Savings

Financial Institution

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

ATTENTION Surviving Spouses, Beneficiaries and Alternate Payees: You are receiving this pension benefit as a beneficiary of a Participant in the Pension Fund, therefore, please write the name and social security number of that participant below:

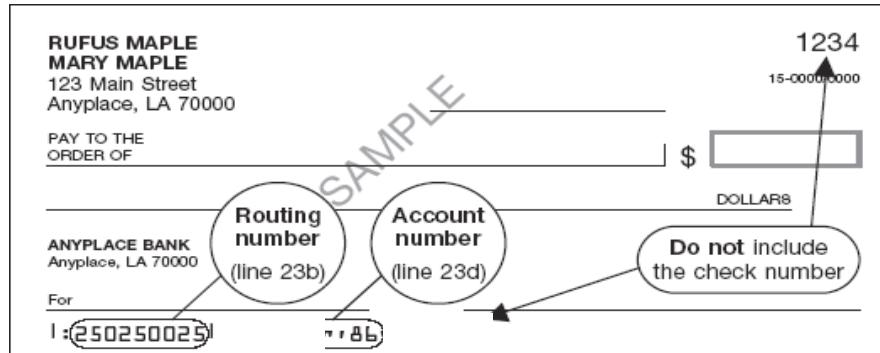
Participant _____ Social Security No. _____

Please allow up to 30 days for the direct deposit set-up process to be completed.

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund ("the Pension Fund") to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Payee Signature

Date



Note: The routing and account numbers may be in different places on your check.

Withholding Certificate
for Periodic Pension or Annuity Payments
Give Form W-4P to the payer of your pension or annuity payments.

2026

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.)			
	Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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 the 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, minus 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 pension/annuity, 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):		
	(a) Multiply the number of qualifying children under age 17 by \$2,200		
	(b) Multiply the number of other dependents by \$500		
	(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here		
	Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here		
			3 \$
Step 4: 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		
	(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here		
	(c) Extra withholding. Enter any additional tax you want withheld from each payment		
			4(b) \$
			4(c) \$

No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld</i> on page 2	<input type="checkbox"/>
Step 5: Sign Here	Your signature (This form is not valid unless you sign it.)	
		Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), 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. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

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

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

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

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

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

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

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex 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 Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he 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). He 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.

 **Social security number and other requirements for credits and deductions.** You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

Specific Instructions (continued)

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.

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 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 17, if you expect to claim deductions other than the basic standard deduction on your 2026 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 qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

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 when you file your tax return.

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 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

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.

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



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

- 1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.
 - a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 **1a** \$ _____
 - b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation **1b** \$ _____
 - c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 **1c** \$ _____
- 2 Add lines 1a, 1b, and 1c. Enter the result here **2** \$ _____
- 3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):
 - a Enter \$6,000 if you are age 65 or older before the end of the year **3a** \$ _____
 - b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment **3b** \$ _____
- 4 Add lines 3a and 3b. Enter the result here **4** \$ _____
- 5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information **5** \$ _____
- 6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:
 - a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income **6a** \$ _____
 - b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) **6b** \$ _____
 - c **Home mortgage interest.** If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) **6c** \$ _____
 - d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income **6d** \$ _____
 - e **Other itemized deductions.** Enter the amount for other itemized deductions **6e** \$ _____
- 7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here **7** \$ _____
- 8 **Limitation on itemized deductions.**
 - a Enter your total income **8a** \$ _____
 - b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** \$ _____
- 9 Enter:

• \$768,700 if you're married filing jointly or a qualifying surviving spouse	}
• \$640,600 if you're single or head of household	
• \$384,350 if you're married filing separately	

 **9** \$ _____
- 10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here **10** \$ _____
- 11 **Standard deduction.**
 - Enter:

• \$32,200 if you're married filing jointly or a qualifying surviving spouse	}
• \$24,150 if you're head of household	
• \$16,100 if you're single or married filing separately	

 **11** \$ _____
- 12 **Additional standard deduction.** If you (or your spouse) are 65 or older.
 - Enter:

• \$2,050 if you're single or head of household	}
• \$1,650 if you're married filing separately	
• \$1,650 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65	
• \$3,300 if you're married filing jointly and both of you are age 65 or older	

 **12** \$ _____
- 13 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) **13** \$ _____
- 14 Add lines 12 and 13. Enter the result here **14** \$ _____
- 15 Add lines 11 and 14. Enter the result here **15** \$ _____
- 16 If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14 **16** \$ _____
- 17 Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P **17** \$ _____