



A TIAA Company

TIAA-CREF FUNDS  
**IRA DISTRIBUTION FORM**  
**(RETAIL CLASS ONLY)**

Page 1 of 8

Use this form to request normal or premature distributions from either your traditional or Roth IRA. Please refer to the disclosure statement for more details on whether any tax or penalty applies to your distribution. Of course, you should consult your tax advisor before making a decision. For death benefits payouts, please use the Beneficiary IRA Inheritance request form.

You cannot use a single form to take distributions from BOTH traditional IRAs and Roth IRAs. Please use a separate IRA Distribution Form for each type of IRA from which you are taking distributions.

By signing this form, investor(s) acknowledges that neither TIAA-CREF Funds nor any Teachers Advisors, LLC affiliate or service provider to TIAA-CREF Funds has provided the investor(s) with advice, recommendations, or suggestions as to any specific investment decisions. Investors in TIAA-CREF Funds are urged to consult their own advisors before making investment-related decisions, including but not limited to those related to transfer or rollover from retirement plans, purchase or sale of investments, selection or retention of investment managers, or selection of account beneficiaries.

**Send your signed and completed form to TIAA-CREF Funds per the Return Completed Forms section below or in the enclosed customer reply envelope. Please call 800-223-1200, enter prompt 1, then prompt 2, with any questions, weekdays, 8 a.m. – 6 p.m. (ET).**

### 1. ACCOUNT REGISTRATION (REQUIRED)

Please print or type. Attach a copy of your current IRA statement to help expedite this process.

Prefix	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Gender
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Account Number

Address Street or P.O. Box (APO and FPO addresses will be accepted)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Address (If the above address is a P.O. Box, you must also provide a street address)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Primary Phone Number	Phone Number Type	Secondary Phone Number	Phone Number Type
<input type="text"/>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="text"/>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business

Alternate Phone Number	Phone Number Type	Email Address
<input type="text"/>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="text"/>



## 2. DEATH BENEFIT PAYOUT

Prefix First Name MI Last Name

Name of Entity

If you are opening an entity account as beneficiary due to death of the owner in this section and you are an authorized signer, you must complete the included TIAA-CREF Funds Legal Entity Beneficial Ownership Certification Form in order for the account to be established.

Address Street or P.O. Box (APO and FPO addresses will be accepted) City State Zip Code

Daytime Phone Number Social Security Number

IRA Owners Over Required Minimum Distribution Age:\* (Not applicable for Roth IRAs.) In the year of the owner's death, any unpaid Required Minimum Distribution (RMD) amounts for that year cannot be transferred to your IRA.

These amounts must be paid to you. Check and complete if applicable.

- ☐ Distribute the amount of the remaining RMD in a single payment.
- ☐ I will calculate my own RMD amount (option is for individuals with multiple IRAs). Please distribute \$  to satisfy the remaining RMD.
- ☐ The IRA Owner received all RMDs in the year of their death. There are no remaining RMDs to distribute for the year of the IRA Owner's death.

\*Required Minimum Distribution age is 70½ if the account owner's date of birth was on or before June 30, 1949. Required Minimum Distribution age is 72 if the account owner's date of birth was after June 30, 1949.

## 3. IRA DISTRIBUTION

### TRADITIONAL IRA(S)

- ☐ **Normal** (You are age 59½ or older.)
- ☐ **Premature** (You are under age 59½ and no exception applies. If you believe an exception to the early distribution penalty may apply, speak with your tax advisor on how to report on your tax return.)
- ☐ **Premature - Exception Applies** (You are under age 59½ and you know an exception to the early distribution penalty applies.)
- ☐ **Death**
- ☐ **Disability Exception**
- ☐ **Remove excess contribution** of \$  made for the  tax year. If the corrective distribution is made by or before the filing deadline for the tax year of the excess contribution, earnings (gains or losses) attributable to the contribution(s) will also be returned.

(Continued on next page)



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**ROTH IRA(S)**

- ☐ **Qualified** (You are age 59½ or older, and have owned a Roth IRA for at least 5 years.)
- ☐ **Premature** (You are under age 59½. If you believe an exception to the early distribution penalty may apply, speak with your tax advisor on how to report on your tax return.)
- ☐ **Exception Applies** (You have reached age 59½ or you know an exception to the early distribution penalty applies.)
- ☐ **Death**
- ☐ **Disability Exception**
- ☐ **Remove excess contribution** of \$  made for the  tax year. If the corrective distribution is made by or before the filing deadline for the tax year of the excess contribution, earnings (gains or losses) attributable to the contribution(s) will also be returned.

Please be advised that you can make only one rollover from an IRA to another (or the same) IRA in any 12-month period, regardless of the number of IRAs you own. Exceptions are trustee-to-trustee transfers and Roth IRA conversions. For more information, please visit [irs.gov/retirement-plans/plan-participant-employee/rollovers-of-retirement-plan-and-ira-distributions](https://irs.gov/retirement-plans/plan-participant-employee/rollovers-of-retirement-plan-and-ira-distributions).

**4. DISTRIBUTION AMOUNTS**

- ☐ **Fixed Amount** Please distribute \$  from my TIAA-CREF Mutual Funds IRA(s).
- ☐ **Entire Balance**
- ☐ **Dividend and Capital Gains Earnings** (You must be age 59½ or older.) Any earnings on your IRAs will be sent to you.
- ☐ **Required Minimum Distribution (RMD)** Please select life expectancy factor:
- ☐ Single Life Expectancy
- ☐ Calculate my Required Minimum Distribution based on the Uniform Life Expectancy Table.
- ☐ My spouse is my sole primary beneficiary and is more than 10 years younger than I am. Calculate my Required Minimum Distribution based on the Joint Life Expectancy Table.



**5. DISTRIBUTION INSTRUCTIONS**

☐ Withdraw my distributions from all of my TIAA-CREF Mutual Funds IRAs on a prorated basis.

☐ Withdraw my distributions from all my TIAA-CREF Mutual Funds IRAs listed below.

FUND ACCOUNT NUMBER	PERCENTAGE
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

Systematic RMD distributions must pull from all Fund accounts.

If you wish to aggregate all of your Fund balances, you will need to manually recalculate your distribution each year.

**6. QUALIFIED CHARITABLE DISTRIBUTIONS**

Account Number

How much would you like to distribute? (Please select only one)

☐ I would like to distribute \$  proportionately from all available investments to all Nonprofit Organizations.  
(Enter the dollar amount here and leave the specific investment section below blank.)

☐ I would like to distribute the following amount(s) to Nonprofit Organizations. Indicate either the dollar amount OR percentage from each account. Percentages must be in whole numbers. The total amount will represent the total charitable distribution.

In the event you plan on making distributions to multiple charities or other party distributions, you can allocate how much each charity is to receive in Section 9, option F of this form. Please consult your tax advisor regarding your personal tax matters and the tax law associated with Qualified Charitable Distributions.

Investment Account/Fund Name	Number of Shares		Percent of Fund Value		Withdrawal Amount
<input type="text"/>	<input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
Total must equal 100%			<input type="text"/> <input type="text"/> <input type="text"/> %	Total \$	<input type="text"/>

**IMPORTANT:** Please be sure to complete Section 9, option F.



## 7. TAX WITHHOLDING ELECTION

### FEDERAL TAX WITHHOLDING ELECTION (CHECK ONE)

We are required to withhold federal income taxes at a rate of 10% on your taxable IRA distributions, unless you elect to not have withholding apply. If you do not check a box, taxes will be withheld at a rate of 10% (except for Roth IRAs). The withholding election will remain in effect on your systematic withdrawal plan until revoked by you. You may change your election at any time by sending a written request prior to the distribution.

- ☐ I hereby notify TIAA that I decline to provide a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I understand that federal withholding will be withheld at the default rate of 10%
- ☐ I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am making a federal withholding election as indicated on my substitute federal form W-4R Withholding Certificate by entering a rate between 0% and 100% on line 2.
- ☐ I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am choosing to have no federal income tax withheld by entering "-0-" on line 2 taxes.

**Note:** Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including 0%) on payments to be delivered outside of the United States and its possessions.

If you are a nonresident, non-U.S. citizen, you must certify your foreign tax status by providing IRS Form W-8BEN prior to requesting a distribution. A W-8BEN is maintained on file for a three-year period. To print the W-8BEN form, go to [TIAA.org/forms](https://www.tiaa.org/forms) and scroll to 'Find tax information.'

### STATE TAX WITHHOLDING ELECTION

State income tax withholding may be required from your distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note that the state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding, go to [TIAA.org/public/tax-withholding](https://www.tiaa.org/public/tax-withholding). Call TIAA if you have any questions at 800-842-2252.



## 8. DISTRIBUTION SCHEDULE

Please indicate the beginning month, date, and frequency of your distributions.

☐ One-time Distribution   
 ☐ Systematic Distribution: Beginning Month of Distributions:

Distribution Frequency:                      Distribution Date:

☐ Monthly    ☐ Quarterly    ☐ Annually   
 ☐ 1st of the month    ☐ 15th of the month

☐ Check here if this is a change to an existing systematic withdrawal plan. An existing systematic withdrawal plan based on life expectancy cannot be changed.

## 9. DISTRIBUTION INSTRUCTIONS (CHOOSE ONE ONLY.)

Please indicate how you would like to receive your distribution payments. A medallion signature guarantee is required for options B, D, or F.

☐ A. Mail my distribution check to the address on my IRA account. If you have had an address change within the last 30 days, we require a medallion signature guarantee.

☐ B. Deposit my distribution directly into my checking or savings account using the Automated Clearing House. A medallion signature guarantee is required if banking information is not on file. *Attach a voided bank check or savings deposit slip. This will ensure accurate bank information.*

Bank Name

ABA Routing Number

Type of Account:

☐ Checking    ☐ Savings

Bank Account Number

Name of Primary Bank Account Owner

☐ C. Please deposit my distribution directly into my TIAA-CREF Mutual Funds non-IRA account(s), registered in my name, listed below.

Fund Name	Fund Code	Account Number	Allocation/ Percentage
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

(Continued)



**9. DISTRIBUTION INSTRUCTIONS (CHOOSE ONE ONLY) (CONTINUED)**

- ☐ D. Mail my distribution check to an address other than the address on record or to my current address which has changed within the last 30 days. A medallion signature guarantee is required. Mail to:

Payee Name (if different from registration)

Street Address

City

State

Zip Code





- ☐ E. Designate all or \$  of the excess contribution to a current year contribution.

- ☐ F. Charitable Distributions: A medallion signature guarantee is required in Section 11.

1. Name of Nonprofit Organization

Attention



Street Address

City

State

Zip Code





Total Distribution Amount

2. Name of Nonprofit Organization

Attention



Street Address

City

State

Zip Code





Total Distribution Amount

3. Name of Nonprofit Organization

Attention



Street Address

City

State

Zip Code





Total Distribution Amount

4. Name of Nonprofit Organization

Attention



Street Address

City

State

Zip Code





Total Distribution Amount

For additional payees, please provide on a separate piece of paper and attach.



## 10. SIGNATURE

For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of the steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction within five days, this transaction may be canceled.

**Note: This paragraph only applies if you completed Section 6.** I acknowledge that it is my responsibility to ensure the distribution(s) complies with the requirements of Sec. 1201 of the Pension Protection Act of 2006 and Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended. I assume full responsibility for any adverse tax consequences that may arise as a result of the distribution(s). I have consulted with my own tax advisor and understand the federal and state tax consequences of distribution(s). I have provided a current mailing address to the charitable organization(s). I understand that this is required in order for the charitable organization(s) to provide me with a proper receipt for my contribution. I further acknowledge that TIAA has not provided me with legal or tax advice about the distribution(s).

Under penalties of perjury, I certify 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); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) 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; and (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Please sign exactly as your name appears on your account confirmation statement. I certify that the statements made on this IRA Distribution Form are true, complete, and accurate.

Your Signature

Today's Date (mm/dd/yyyy)

 /  / 20

## 11. MEDALLION SIGNATURE GUARANTEE

To deposit your distribution directly into your checking or savings account not on file (Section 9, option B), or to receive your distribution at an address other than the one on your account or your address has been changed within the last 30 days (Section 9, option D), or if you have opted for a Charitable Distribution (Section 9, option F), you must have the signature in Section 10 guaranteed.\*\*

\*\* A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature guarantee from a bank or trust company, savings bank, savings and loan association, or a member of a national stock exchange which participates in the medallion signature guarantee program.

## RETURN COMPLETED FORM(S) TO:

Please return **ALL** numbered pages, including any pages you did not need to complete.

### STANDARD MAIL:

TIAA-CREF Funds  
P.O. Box 219227  
Kansas City, MO 64121-9227

### OVERNIGHT:

TIAA-CREF Funds  
430 W. 7th Street, Suite 219227  
Kansas City, MO 64105-1407





A TIAA Company

**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**  
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

**IMPORTANT INFORMATION**

**PLEASE READ BEFORE FILLING OUT FORM**

This substitute form W-4R applies to non-rollover eligible payments that are nonperiodic and rollover-eligible payments.

Federal laws may require mandatory federal income tax be withheld from cash withdrawals. Our records indicate that you are a U.S. person (U.S. citizen or resident non-U.S. citizen), and may, therefore, be subject to federal tax withholding from your cash distribution. If you claim residence AND citizenship outside the United States, you must complete Form W-8BEN instead of this form W-4R to certify your foreign tax status. To print the W-8BEN form, go to [TIAA.org/forms](https://www.tiaa.org/forms) and scroll to Find tax forms. U.S. citizens living abroad, except in any U.S. territories, must elect to have taxes withheld. Distributions from retirement plans are subject to a federal default withholding rate depending on the type of payment. If you want the federal default rate applied, you do not need to submit this form as the federal default rate will be applied automatically. If you want a rate other than the federal default rate for either a non-periodic payment or an eligible rollover distribution or want no withholding on a non-periodic payment, please submit this form.





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**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**  
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

Page 1 of 2

**1. PROVIDE YOUR INFORMATION**

**STEP 1A.**

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	Suffix	
<input type="text"/>	<input type="text"/>	
Mailing Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Contact Telephone Number	Extension	
<input type="text"/>	<input type="text"/>	

**STEP 1B.**

Social Security Number/  
Taxpayer Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**STEP 1C.**

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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A TIAA Company

**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**  
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

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Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Instructions attached at the end of this form for more information.

**Step 2**

Complete this line if you would like a rate of withholding that is different from the default withholding rate.

See the IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Instructions and the Marginal Rate Tables attached at the end of this form for additional information.

Enter the rate as a whole number (no decimals) \_\_\_\_\_ Line 2 \_\_\_\_\_ %

**STEP 3. YOUR SIGNATURE**

The form will become effective with your next available payment. You may revoke this election at any time by filing a new federal income tax withholding election form with TIAA.

Under penalties of perjury, I certify 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); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) 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; and (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Please sign your full legal name with suffix, if applicable, using black ink, or online using TIAA's digital signing experience.

Your Signature

Today's Date (mm/dd/yyyy)

			/				/	2	0		
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A TIAA Company

**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**  
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

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**OPTIONS TO RETURN COMPLETED FORM(S)**

Please return ALL numbered pages, including any pages you did not need to complete.

**STANDARD MAIL:**

TIAA-CREF Funds  
P.O. Box 219227  
Kansas City, MO 64121-9227

**OVERNIGHT DELIVERY:**

TIAA-CREF Funds  
430 W. 7th Street, Suite 219227  
Kansas City, MO 64105-1407





A TIAA Company

# WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

## IRS FORM W-4R WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS INSTRUCTIONS

### GENERAL INSTRUCTIONS

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**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. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

### 2023 MARGINAL RATE TABLES

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See the next page for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of Household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

\* If married filing separately, use \$360,725 instead for this 37% rate.

### GENERAL INSTRUCTIONS (CONTINUED)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.



## WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

Note that the following payments are **not** eligible rollover distributions: (a) qualifying "hardship" distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also Nonperiodic payments—10% withholding above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. 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, enter "-0-" on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

### SPECIFIC INSTRUCTIONS

#### LINE 1B

For an estate, enter the estate's employer identification number (EIN) in the area reserved for "Social security number."

#### LINE 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including "-0-") if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter "-0-".

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on the previous page to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter "22" on line 2.

**Example 2.** You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter "14" on line 2.

