



Con Edison Retirement Plan Federal Tax Withholding Election Form

Check One: Con Edison Orange & Rockland

Employee#: _____

Mail Completed form to: Con Edison
Payroll Operations
4 Irving Place – 3rd Floor South
New York, NY 10003

Or fax to: (212)844-0160

For additional information regarding the completion of this form go to: www.irs.gov/uac/About-Form-W4P

Form W-4P <small>Department of the Treasury Internal Revenue Service</small>	Withholding Certificate for Pension or Annuity Payments <small>► For Privacy Act and Paperwork Reduction Act Notice, see page 4.</small>	<small>OMB No. 1545-0074</small> <div style="font-size: 2em; font-weight: bold;">20</div>
Your first name and middle initial	Last name	Your social security number - -
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		
Complete the following applicable lines.		
1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ►		<input type="checkbox"/>
2 Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ►		(Enter number of allowances.)
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.		
3 Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ►		\$

Your signature ► _____ Date ► ____ / ____ / ____