

Timber Operators Council Retirement Plan & Trust

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Wage Withholding Certificate – OREGON State Income Tax (Substitute Form W-4P)

Name: _____

Social Security No: _____ - _____ - _____

Address: _____

Complete the following applicable lines:

1. Check here if you do NOT want any Oregon income tax withheld from your monthly TOCRP benefit Payment (stop here; do not complete lines 2 or 3).

2. Check here if you want Oregon income tax withholding from each of your monthly TOCRP benefit payments to be figured using the marital status and number of allowances shown here:
 Single Married Married, but withholding at the higher Single rate
Total number of allowances: _____

3. Check here if you want the following ADDITIONAL amount of Oregon income tax withheld from your monthly TOCRP benefit payment: \$ _____ (you must complete line 2 first)

Date of Request: _____, 2____ Signature: _____