

## Instructions for Unforeseeable Emergency Withdrawal

*Please Read the Following Pages Carefully*

- All financial resources must have been exhausted prior to completing an Unforeseeable Emergency (UE) application. Completing this package indicates that you are not eligible for a loan from the Deferred Compensation Plan. If you are eligible to take out a Deferred Compensation loan, your Unforeseeable Emergency application will be denied.
- Your pre-tax deferral from your pay will automatically be suspended unless restarted by you under Section 4 on the **Request for Unforeseeable Emergency Withdrawal** form (page 5).
- We cannot guarantee that you will have your money in less than 12 business days. Any incomplete paperwork will result in a delay of approval.
- Fill in all blanks on the **Request for Unforeseeable Emergency Withdrawal** (page 5), **Income Statement** (page 6) and the bottom of **W-4P** (page 7) forms. Make sure address on application and **W-4P** are correct and the same. The income statement must be filled out or request will not be approved.
- Send back all documentation listed on the checklist (page 8) pertaining to your situation.
- The money is sent to you directly from your Investment Provider. If you wish to have your money sent via overnight mail, you may indicate this by writing on the **Request for Unforeseeable Emergency Withdrawal** form “OVERNIGHT”. You will be charged \$25.00 for this service by your Investment Provider. This does not mean that your application will be processed overnight, only that the mail time will be reduced. A check cannot be overnighted to P.O. Box.
- You must mail or fax your paper work to Deferred Compensation. The fax number is (850) 354-5098 and the mailing address is 200 East Gaines Street, Tallahassee, Florida 32399.



Dear Participant:

In response to your request, attached for your review is a copy of the Rules of the Department of Financial Services, Chapter 69C-6 State of Florida Employees Deferred Compensation Plan, Article V, Section 5.05 Distribution due to an Unforeseeable Emergency.

If you believe you meet the requirements for an Unforeseeable Emergency, please complete the attached forms, and provide all additional information to support your Unforeseeable Emergency to the Bureau of Deferred Compensation.

**Please read the following instructions for completing the Unforeseeable Emergency application:**

1. **Income Statement** - Report all income for yourself and spouse, if applicable, including all source(s) and copies of current earning statements. Also list all monthly expenses, assets, and liabilities.
2. **On the Request for an Unforeseeable Emergency Withdrawal Form:**
  - **Participant Information** - Complete the entire section.
  - **Unforeseeable Emergency Categories** - Please check one or more of the guidelines that pertains to your case and submit the necessary documentation to substantiate your request. Examples of the types of documentation you will need to submit to support your case is. **The Internal Revenue Service does not consider the payment of Federal Income Taxes to be an Unforeseeable Emergency.**
  - **Investment Provider Information** - Please indicate from which provider(s) you would like to withdraw your money. In addition, indicate whether you want a full or a partial withdrawal. If you check partial withdrawal, please indicate the amount you would like to be withdrawn **before taxes.**
  - **Federal Income Tax Information** – Unforeseeable Emergency withdrawals are subject to Federal withholding tax. The amount of tax withheld will be **10%** unless otherwise indicated by the participant.

Submitting a Request for an Unforeseeable Emergency Withdrawal **will result in all deferrals being suspended** unless restarted by you under Section 4. If your request is denied, you will be advised of your rights to appeal in writing.

**It states in Chapter 837, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.**

Please sign and mail all forms and documentation to the Department of Financial Services, Bureau of Deferred Compensation, 200 East Gaines Street, Tallahassee, FL 32399-0346 or fax to (850) 354-5098. If you have any questions, please contact our office at (850) 413-3162 or toll-free (877) 299-8002.

Sincerely,

Bureau Deferred Compensation

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
Bureau of Deferred Compensation • [www.myfloridadeferredcomp.com](http://www.myfloridadeferredcomp.com)  
200 East Gaines Street • Tallahassee, Florida 32399-0346 Tel. (850) 413-3162 • Fax (850) 354-5098  
Email • DefCompEmergency@myfloridacfo.com

AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER

**RULES OF  
THE DEPARTMENT OF FINANCIAL SERVICES  
CHAPTER 69C-6  
STATE OF FLORIDA  
EMPLOYEES DEFERRED COMPENSATION PLAN**

**The following statements have been extracted from the State of Florida Employees Deferred Compensation Plan Rules (form number DFS-J3-1176) rev. (03/15). These rules define the authorization of Unforeseen Emergency distributions.**

**Article V**

**Section 5.05 Distribution due to an Unforeseeable Emergency**

A Participant who is employed by the employer may request a withdrawal of all or part of his or her account due to the occurrence of an Unforeseeable Emergency. Such request must be submitted in writing to the Administrator on Form DFS-JS-1171, Request for Unforeseeable Emergency Withdrawal, incorporated by reference in Rule 69C-6.003, F.A.C. The request must be accompanied by evidence demonstrating that the circumstances qualify as an Unforeseeable Emergency. Except as specifically provided otherwise, the Administrator shall require medical or other relevant evidence demonstrating the existence of the Unforeseeable Emergency and the amount needed to address the Unforeseeable Emergency.

1. A Participant may not receive a distribution on account of an Unforeseeable Emergency if the Unforeseeable Emergency is or may be relieved:
  - a. through reimbursement or compensation by insurance or otherwise;
  - b. by liquidation of the participant's assets, including availability of a loan through the plan, to the extent the liquidation of such assets would not itself cause severe financial hardship;
  - c. by cessation of deferrals under the Plan; or
  - d. by a loan from the plan; from
    - (1) 457(b)-rollover
    - (2) 403(b)-Optional Retirement Program (if allowed)
    - (3) 403(b)-Universities (if allowed)
2. The Department shall use the following criteria to determine whether a circumstance is unforeseeable:
  - a. The following are considered unforeseeable:
    - (1) Medical expense, not excluding the cost physical accommodation, such as a wheelchair ramp, of the participant, participant's spouse, or dependant, which is medically necessary due to injury or illness and related travel expenses,
    - (2) Funeral Expense of an immediate family member and related travel expenses,
    - (3) Loss of income due to termination of employment, injury, or illness of the participant or participant's spouse,
    - (4) Casualty loss,
    - (5) Loss of child support payments to support dependant child,
    - (6) Entry of a minor relative, or ward into the PARTICIPANT's household due to death, illness, or incarceration of the minor's parent or guardian,
    - (7) An extraordinary event or circumstance so improbable that a hypothetical reasonable prudent person could not have prevented it, or overcome its impact, through savings, insurance, credit, or other financial preparation;
    - (8) Imminent foreclosure upon a participant's primary residence,
    - (9) Eviction from primary residence,
    - (10) Dental or periodontal treatment that is necessary due to a sudden injury,

- (11) The declaration of an emergency by the State's Governor as a result of a natural disaster, provided such natural disaster creates an unforeseeable financial emergency for the Participant, and the Participant certifies in writing, as to the existence of such unforeseeable emergency and provides all required documents identified in Form DFS-J3-1171.
  - a) Participant must demonstrate that there is an emergency need that falls under one of the existing categories above (1) through (10), (i.e., proof of incurrence of additional housing expenses as evidenced by hotel receipts, travel receipts) and that:
    - i. the financial hardship cannot be relieved through reimbursement or compensation by insurance or otherwise;
    - ii. a loan or a financial hardship withdrawal from a 401(k) plan (if available);
    - iii. by liquidation of assets, to the extent such liquidation would not itself cause severe financial hardship; or
    - iv. by cessation of deferrals under the Plan.
  - b) Provided such requirements are satisfied, the Administrator shall authorize an Unforeseeable Emergency withdrawal.
  - c) The Participant shall not qualify if the Participant has sufficient income or other resources to address the unforeseeable emergency.
- b. The following are not considered unforeseeable:
  - (1) Purchase of a house not due to casualty loss,
  - (2) Dental or periodontal treatment which is cosmetic or is necessary due to a chronic or degenerative condition such as periodontal disease, decay or malocclusion not due to a sudden injury,
  - (3) Repair of a home not due to casualty loss,
  - (4) Purchase of a vehicle not due to casualty loss,
  - (5) Repair of a vehicle not due to casualty loss,
  - (6) Educational expenses,
  - (7) Medical care which is not medically necessary, or not the result of injury or disease,
  - (8) Legal expenses,
  - (9) Legal judgments or settlements,
  - (10) Bankruptcy,
  - (11) Separation, divorce or dissolution of marriage, and related loss of income,
  - (12) Repossession, of any personal property,
  - (13) Travel unless related to medical or funeral expense described in 2a(1) or 2a(2) above,
  - (14) Taxes,
  - (15) Debt repayment,
  - (16) Entry of a parent or other adult into the household except for medically necessary expenses of a dependent as described in 2a(6) above,
  - (17) Any other purpose not identified in 2b above.
3. The amount of the withdrawal may not exceed the amount of the participant's financial need, including any amounts necessary to pay any federal, state, or local taxes and any amounts necessary to pay any penalties reasonably anticipated to result from the distribution.
4. In the event a Participant receives a distribution under this Section 5.05, such participant's Deferred Compensation election shall be automatically suspended until reinstated by the Participant.
5. A Participant shall not take an unforeseeable emergency withdrawal from Roth 457(b) assets.



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Treasury – Bureau of Deferred Compensation*

STATE OF FLORIDA DEFERRED COMPENSATION PLAN

**REQUEST FOR AN UNFORESEEABLE  
 EMERGENCY WITHDRAWAL**

Effective Suspension Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Deferred Comp Use Only

**Section 1 – PARTICIPANT INFORMATION (Please PRINT NAME EXACTLY as reported to your payroll office)**

Name (First, MI, Last) \_\_\_\_\_ SSN\* \_\_\_\_\_

Street Address: \_\_\_\_\_  Male  Female

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check if this a  Name Change  Address Change

Do you have an outstanding Deferred Compensation loan?  NO  YES

\*Your disclosure of your social security number or taxpayer identification number is required. Section 112.215 F.S. authorizes the creation of the State of Florida Deferred Compensation Plan, which is intended to qualify for tax deferral pursuant to 26 USC 457. Use of the identifying numbers is mandated by 26 USC 6109. Your social security number or taxpayer identification number will be used as an identifying number for purposes of federal tax law.

**Section 2 - UNFORESEEABLE EMERGENCY CATEGORIES**

Please check one or more of the following guidelines that pertains to YOU, YOUR SPOUSE or YOUR DEPENDENT

- Out of Pocket Medical, or Funeral Expenses
- Loss of Salary Due to Termination, Illness, or Accident
- Loss of Child Support Payments to Support Dependant Child
- Entry of a Minor Relative, or Ward into the Participant’s Household
- Loss of Property Due to a Casualty
- Foreclosure or Eviction on Primary Residence
- Other Sudden and Unexpected Event pursuant to Section 1.38 or 5.05 of Form DFS-J3-1176

**Section 3 - INVESTMENT PROVIDER (IP) INFORMATION**

Which IP(s) do you want to withdraw from?  Nationwide  VOYA  VALIC  Empower  T Rowe Price

Gross amount to be withdrawn  Full  Partial \$ \_\_\_\_\_ .00

**Section 4 – FEDERAL INCOME TAX INFORMATION**

**Complete attached W4 Form and return with completed UE Withdrawal Form.**

NOTICE: Unforeseeable Emergency withdrawals are paid in a lump sum. All lump sum payments are paid by the investment provider(s) and taxed at 10% unless otherwise indicated on the W4. A request for an Unforeseeable Emergency Withdrawal will result in all contributions being suspended until reinstated by the participant.

Date to restart your contribution: \_\_\_\_/\_\_\_\_/\_\_\_\_

**By signing this application, I hereby acknowledge the following:**

- I have exhausted all other sources available to pay the financial hardship described and the amount I requested is only the amount that I reasonably require to satisfy the emergency need.
- My financial hardship cannot be relieved through reimbursement or compensation by insurance or otherwise; a loan or a financial hardship withdrawal from a 401(k) plan (if available); by liquidation of my assets, to the extent such liquidation would not itself cause severe financial hardship; or by cessation of deferrals under the Plan.
- I have attached documentation supporting this request for an emergency withdrawal.
- I understand that these funds are taxable to me in the year that I receive them.
- Emergency Withdrawals are not an eligible Rollover distribution.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

This request is:  APPROVED  DENIED

Authorized Deferred Compensation Signature \_\_\_\_\_ Date \_\_\_\_\_



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Treasury – Bureau of Deferred Compensation*

**STATE OF FLORIDA DEFERRED COMPENSATION PLAN**

**Income Statement**

**Please fill out completely.**

**Monthly Income**

Participant's Net Salary \$ \_\_\_\_\_  
 (attach a copy of current earnings statement)

Spouse's Net Salary \_\_\_\_\_  
 (attach a copy of current earnings statement)

Investment Income \_\_\_\_\_  
 (Real Estate, Stocks, Bonds, etc.)

Other Income \_\_\_\_\_

Child Support \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Total Monthly Income \$ \_\_\_\_\_**

**Monthly Expenses (Not Payroll Deducted)**

Rent or Mortgage \$ \_\_\_\_\_

Automobile(s) \_\_\_\_\_

Utilities \_\_\_\_\_

Telephone \_\_\_\_\_

Loans \_\_\_\_\_

Credit/Charge Cards \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Groceries \_\_\_\_\_

Gasoline \_\_\_\_\_

Child Care or Support \_\_\_\_\_

Miscellaneous \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Monthly Expenses \$ \_\_\_\_\_**

**Net Overage/Shortage \$ \_\_\_\_\_**

**Assets**

**Cash:**

Checking Account \$ \_\_\_\_\_

Savings Account \_\_\_\_\_

**Investments:**

403(B)/401/IRA/SEP \_\_\_\_\_

Stocks \_\_\_\_\_

Bonds \_\_\_\_\_

Mutual Funds \_\_\_\_\_  
 (excluding **Deferred Compensation**)

Precious Metals \_\_\_\_\_  
 (gold, silver, etc.)

Real Estate \_\_\_\_\_  
 (current market value)

Other Investments \_\_\_\_\_

**Other Assets**

Automobile \_\_\_\_\_  
 (current market value)

Other: \_\_\_\_\_

\_\_\_\_\_

**Total Assets \$ \_\_\_\_\_**

**Liabilities**

Home Mortgage \$ \_\_\_\_\_

Mortgage on other properties \_\_\_\_\_

Personal Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit/Charge Cards \_\_\_\_\_

\_\_\_\_\_

Automobile Loan(s) \_\_\_\_\_

Other Debts \_\_\_\_\_

\_\_\_\_\_

**Total Liabilities \$ \_\_\_\_\_**

\* Income and/or expenses may vary from month to month, therefore, please indicate the estimated average.

# Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

**2025**

Give Form W-4R to the payer of your retirement payments.

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
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Address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

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 page 2 for more information.

<b>2</b> Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	<b>2</b>	%
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<b>Sign Here</b>	_____ <b>Your signature</b> (This form is not valid unless you sign it.)	_____ <b>Date</b>
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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-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.

## 2025 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 page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>	<i>Total income over—</i>	<b>Tax rate for every dollar more</b>
\$0	<b>0%</b>	\$0	<b>0%</b>	\$0	<b>0%</b>
15,000	<b>10%</b>	30,000	<b>10%</b>	22,500	<b>10%</b>
26,925	<b>12%</b>	53,850	<b>12%</b>	39,500	<b>12%</b>
63,475	<b>22%</b>	126,950	<b>22%</b>	87,350	<b>22%</b>
118,350	<b>24%</b>	236,700	<b>24%</b>	125,850	<b>24%</b>
212,300	<b>32%</b>	424,600	<b>32%</b>	219,800	<b>32%</b>
265,525	<b>35%</b>	531,050	<b>35%</b>	273,000	<b>35%</b>
641,350*	<b>37%</b>	781,600	<b>37%</b>	648,850	<b>37%</b>

\* If married filing separately, use \$390,800 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 2025, 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.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense 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 page 1 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 \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, 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 \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is



greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

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**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 additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). 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 payment(s) being subject to the default rate; 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.

# Checklist for Unforeseeable Emergency

**You must submit the following documentation for your claim to be processed**

**Note:** For any claim involving a dependent or spouse, you must provide documentation showing their dependence (in the case of a child) or their connection (in the case of a spouse). In most cases this should be the **FIRST** page of your most recent tax filing showing that you co-file with your spouse or, for dependent children, that you claim them as dependents.

## **Out of Pocket Medical or Funeral Expenses**

- Copies of medical bill showing what you are responsible for paying or copies of funeral bills showing your responsibility.
- For funeral expenses, an obituary or funeral program identifying the immediate family member may be submitted.

## **Loss of Salary Due to Termination, Illness, or Accident**

- Doctor's statement verifying that you cannot work (include approximate length of time)
- Employer verification of leave without pay (include length of time or number of total hours) or Letter of Termination.
- Any amounts received from worker's compensation or from unemployment compensation must be identified. In addition, provide letter of acceptance or denial for either.
- Most recent earnings statement/last full pay statement.

## **Loss of Property Due to a Casualty**

- Proof of ownership of the property
- Actual professional billing or estimate for repair or replacement of property with cause of damage
- Insurance coverage & any insurance monies received

## **Loss of Child Support Payments to Support Dependant Child**

- Current court documentation showing arrearage of child support payments

## **Entry of Minor Relative or Ward into the Participant's Household**

- Legal documentation showing custody or temporary custody
- Notarized estimated breakdown of monthly expenses incurred from entry of Minor Relative or Ward
- Notarized letter showing proof of incarceration, death or illness of the minor's parent(s)

## **Foreclosure OR Eviction on PRIMARY residence**

- Foreclosure notice with amount in arrearage
- Eviction notice with amount in arrearage