

# SEP-IRA and SIMPLE IRA Distribution



**✓ Use this form to:**

- Request a distribution from a SEP-IRA or SIMPLE IRA, including direct rollover and required minimum distribution (RMD).
- Claim an inheritance from a SEP-IRA or SIMPLE IRA.

**✗ Do not use this form to:**

- Withdraw an excess contribution before your tax filing deadline. Use the [SEP-IRA and SIMPLE IRA Excess Contribution Withdrawal Authorization](#) form.
- Request any IRA-to-IRA transfer. Contact the receiving institution for transfer instructions.
- Transfer IRA due to divorce. Complete the [IRA Divorce Transfer](#) form.
- Request a qualified charitable distribution. Use the [Qualified Charitable Distribution—IRA](#) form.

**Mail to:**

T. Rowe Price  
P.O. Box 17350  
Baltimore, MD 21297-1350

**Express delivery only:**

T. Rowe Price Mail Code 17350  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903



- This stamp indicates that a signature guarantee is required.
- This paper clip indicates that you may need to attach documentation.
- This monitor indicates this can be done online.

## 1 Owner Information

Complete a separate form for each employer plan.

**Check plan type:**  SEP-IRA  SIMPLE IRA

**Check if assets are held in a brokerage account:**

- Brokerage. It is your responsibility to ensure that sufficient funds are available in your sweep account to cover the amount of the requested distribution.

Name	Social Security Number (SSN)
Phone	Date of Birth (mm/dd/yyyy)

## 2 Distribution Information

**Check one reason for distribution:**

- Age 59½ or over at the time of the distribution.**
- Under age 59½.** Additional tax for early withdrawal may apply. The IRS has created several exceptions to the additional tax (e.g., distributions upon the account holder's disability). See *IRS Publication 590 and Instructions for Form 5329* and speak with your tax professional for further details regarding the exceptions that may be available to you.
- Direct rollover** to an eligible employer-sponsored retirement plan. Verify rollover acceptance with the receiving plan administrator. Not for proceeds directed to an IRA held with another institution.  
**NOTE:** SIMPLE IRAs can only roll over to another type of employer-sponsored plan if two years have passed since the first contribution was credited.
- Required minimum distribution** calculated by T. Rowe Price. Go to section 3. **NOTE:** This calculation does not include assets at other institutions.
- Beneficiary.** Go to section 4. Each beneficiary completes a separate form. Review the [IRA Inheritance Facts](#).
- Correction of IRA excess contribution** (after tax filing deadline, including extension). A 6% penalty on the excess amount may apply.

### 2A Amount

The distribution will be one payment unless you complete section 2B. If "Specified Years" is the systematic calculation method, leave the amount blank as the amount will vary. If only a plan ID is provided, distribution is made from all funds pro rata.

Fund Name	Plan ID	Amount
		<input type="checkbox"/> All <input type="checkbox"/> \$* <input type="checkbox"/> %
		<input type="checkbox"/> All <input type="checkbox"/> \$* <input type="checkbox"/> %

- For more funds, check this box and attach a [separate page](#).

**\*NOTE:** Dollar balances may fluctuate daily with the market. If the dollar amount is close to the total balance, provide percent instead.

### 2B Frequency

**Check One:**  Monthly  Quarterly  Semiannually  Annually

Start Month and Year (mm/yyyy)	Day of Month <sup>1</sup> (defaults to 20th day if blank) <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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<sup>1</sup>**NOTE:** If a weekend or holiday, will be processed on the next business day.

**Systematic Calculation Method** (not for RMDs) **Check One:**

- Fixed Amount** provided in section 2A.
- Specified Years:**  You are responsible for confirming that this number does not exceed the time limits prescribed by law.

## 3 RMD Most RMDs can be requested by phone or on the web. Visit [troweprice.com/rmd](http://troweprice.com/rmd).

The RMD calculation includes all assets within the same employer and plan type held at T. Rowe Price. Distributions will be taken proportionately from your applicable IRA accounts. For brokerage accounts, if securities must be sold in order to accommodate a cash distribution, ensure that your trades are placed in time for settlement to take place before the RMD date.

**Check One:**

- Distribute only current-year RMD now.
- Systematic RMD program (the RMD program will remain on file unless canceled or deferred).

**Check a Frequency:**

Monthly  Quarterly  Semiannually  Annually

Start Month and Year (mm/yyyy)	Day of Month <sup>1</sup> (defaults to 20th day if blank) <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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<sup>1</sup>**NOTE:** If a weekend or holiday, will be processed on the next business day.

**Spouse Information.** If your spouse is on file as the sole primary beneficiary, confirm his or her date of birth. To add or change beneficiaries, attach the [IRA Beneficiary](#) form.

Spouse's Name	Date of Birth (mm/dd/yyyy)
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**Transfer or Rollover Assets.** If assets were moved from another financial institution to this IRA during the current year, **check one:**

- RMD satisfied prior to the transfer or rollover or from other IRA assets.
- RMD **not** satisfied prior to transfer or rollover. Attach a prior year-end statement identifying the assets to include.



## 4 Beneficiary of Decedent's IRA

Review the [IRA Inheritance Facts](#) for general information about inheriting and to determine what additional documents are required with this form. For more detailed information regarding your personal situation, please consult a tax or legal professional for advice.

### 4A Beneficiary Information

By completing this section, you are claiming an inheritance from a SEP-IRA or SIMPLE IRA and will have an Inherited SEP-IRA or SIMPLE IRA established. Existing investments will be transferred into the same investments unless different instructions are provided. **Assets will remain in the Inherited IRA and no distribution will occur unless you complete section 4B or 4C.** To add beneficiaries, attach the [IRA Beneficiary](#) form. If assets are held in a brokerage account, also attach a Brokerage [IRA New Account](#) form. **Relationship to IRA owner. If you do not check a box, we will be unable to process your request.**

- Non-spouse Individual  
 Entity (Estate, Trust, Charity)

Eligible Designated Beneficiary

- Spouse  
 Individual who is not more than 10 years younger than the IRA owner  
 Individual who is chronically ill or disabled (as defined by the IRS)  
 Minor Child of IRA Owner

#### Citizenship\*

- U.S. Citizen  Resident Alien  Other

Name (estate, trust, or entity, if applicable)*		
SSN/Tax ID Number*	Date of Birth (mm/dd/yyyy)*	
Name of Executor, Trustee, or Authorized Signer (if estate, trust, or entity beneficiary)*		
Executor/Trustee/Authorized Signer SSN*	Date of Birth (mm/dd/yyyy)*	
Beneficiary/Executor/Trustee/Authorized Signer Residential Address*		
City*	State*	ZIP Code*
Mailing Address (if different from residential address)		
City*	State*	ZIP Code*
Original Owner Date of Death (mm/dd/yyyy)	Phone	

\*We are required to have this information in order to open your account and verify your identity pursuant to the USA PATRIOT Act.

- For more executors or trustees, check this box and attach a [separate page](#).

### 4B RMD for Deceased Owner

If the IRA owner died on or after reaching their required beginning date, complete this section to immediately distribute the year of death RMD (distributed proportionately from each mutual fund unless you instruct otherwise). **Check one:**

- Calculate and distribute remaining RMD.  
 Distribute \$   
 RMD has been satisfied.

### 4C Spousal Election

If you are the surviving spousal beneficiary, check a box below to indicate the receiving account type. If no election is made, the assets will be transferred into an Inherited IRA.

- Treat as Own: Total transfer to your T. Rowe Price Traditional or Roth IRA.  
 Treat as Beneficiary: Total transfer to a T. Rowe Price Traditional or Roth Inherited IRA.

### 4D Beneficiary Distributions

If you would like to complete a transaction after your transfer to the Inherited IRA, **check one of the following:** (Distributed proportionately from each mutual fund unless you instruct otherwise.)

- Total Distribution.** Your Inherited IRA will be closed. Once Inherited IRA assets are distributed, beneficiaries may not roll over the funds into another Inherited IRA.  
 **Cash Distribution.** (one payment)

Amount: \$  or  % **NOTE:** This is the percent you want to distribute from your Inherited IRA, not the percent of assets you are inheriting.

### 4E Beneficiary Systematic Distribution Options

Refer to the RMD rules for beneficiaries on the IRA Inheritance Facts before electing a systematic program. Distributions will be taken proportionately from your applicable Inherited IRAs, with brokerage account distributions taken from the sweep account. For brokerage accounts, if securities must be sold in order to accommodate a cash distribution from the sweep account, ensure that your trades are placed in time for settlement to take place before the distribution date.

#### Check a Frequency:

- Monthly  Quarterly  Semiannually  Annually

Start Month and Year (mm/yyyy)	Day of Month <sup>1</sup> (defaults to 20th day if blank) <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20
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<sup>1</sup>**NOTE:** If a weekend or holiday, distribution will be processed on the next business day.

#### Check one:

- Fixed Amount** provided in section 2A.  
 **Specified Years:**  You are responsible for confirming that this number does not exceed the time limits prescribed by law.  
 **Life Expectancy Systematic.** T. Rowe Price will only calculate for eligible designated beneficiaries.

### 4F Trusted Contact

By my signature on this form, I authorize T. Rowe Price to share my account information with the named Trusted Contact person(s) identified below.

I authorize T. Rowe Price, at its discretion, to share information with and/or seek information from the Trusted Contact person(s). This information



may include, but is not limited to, any of my information regarding my/our account(s), including contact information for account owners, beneficiaries, or persons authorized to act on the account, securities held, conducted or proposed transactions, deposits, disbursements, or other financial products or services offered by or through T. Rowe Price.

I understand that T. Rowe Price may contact the Trusted Contact person(s) if there are questions or concerns about any of the account activity or inactivity, any account owner's whereabouts or health status, (e.g., if T. Rowe Price becomes concerned that I might no longer be able to handle my financial affairs), or in the event that T. Rowe Price becomes concerned that I may be or become a victim of fraud or exploitation.

A Trusted Contact person(s) must be 18 years of age. T. Rowe Price suggests that the Trusted Contact be someone not already authorized to transact business on the account. In addition, T. Rowe Price suggests that I advise the Trusted Contact person(s) that I provided the below information to T. Rowe Price and asks that I keep the Trusted Contact person(s) updated.

I understand that there is no requirement that T. Rowe Price contact my Trusted Contact person(s) and that I may withdraw a Trusted Contact at any time online through account access, by telephone, or in writing. By signing below, I hold T. Rowe Price harmless if T. Rowe Price either acts or fails to act based upon T. Rowe Price's best judgment.

### Trusted Contact Information

Trusted Contact Name*		
Physical Address (cannot be a P.O. box)		
City	State	ZIP Code
Phone*	Relationship to Owner	
Email Address		

To list one additional Trusted Contact, check this box and attach a [separate page](#).

\*Required fields

The Trusted Contact person will apply to all new and existing T. Rowe Price accounts. If you wish that the Trusted Contact person(s) be only applied to the accounts being opened, please call T. Rowe Price.

## 5 Income Tax Withholding

**For each distribution form you submit**, please review and complete the attached IRS Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions located at the end of this distribution form. **If we do not receive a properly completed, signed, and dated IRS Form W-4R with your distribution request, we are required to withhold 10% federal income tax, unless you are a nonresident alien.**

State income tax will be withheld from your distribution under the applicable state law if your address of record is in a state that defaults to withholding. If you elect a direct rollover to an eligible employer-sponsored retirement plan, you understand that income taxes will not be withheld.

**Special Rule for Foreign Addresses and/or Nonresident Aliens.** If your address on record is outside the United States or its possessions, we must withhold federal income tax as described below:

- If you are a U.S. citizen or other U.S. Person as described on IRS Form W-9, we must withhold federal income tax at a rate of 10%. You may not elect out of this withholding requirement. You may use Form W-4R to elect a withholding percentage greater than 10%.

- If you are a nonresident alien, you are required to complete and submit [IRS Form W-8BEN](#) (or, if applicable, an [IRS Form W-8BEN-E](#)). This form identifies you as a nonresident alien and may allow you to elect out of the 30% default withholding applicable to nonresident aliens or elect a reduced rate of withholding (if your country has a treaty with the U.S. that permits reduced withholding).

**NOTE:** IRS forms are available at [irs.gov](http://irs.gov) or by calling 800-TAX-FORM.

## 6 Payment Options

A check will be mailed to the address on file unless you check a box below.

**Invest in a T. Rowe Price taxable account.**

- New account. Complete the [Mutual Fund New Account](#) form.
- Existing account.

Account Number	Fund Name

- For more accounts, check this box and attach a [separate page](#).

**Electronic funds transfer.** Money will be sent via Automated Clearing House (ACH) unless you check wire. If over \$250,000, it will be sent via wire. Your bank may also charge a wire fee.

- Wire.** Not for systematic distributions.

**Distributions are sent to the bank on file unless you check below.**

- New bank account. Signature guarantee may be required.

**Enclose a voided check or a letter signed by the bank on bank letterhead that provides the account number, registration, and ACH instructions.**

- Checking account **or**  Savings account

- Add this bank to my account for future transactions. If a bank is on file, replace it.

- Issue a check to your employer-sponsored retirement plan, an alternate address, and/or payee.** This form will not facilitate an IRA-to-IRA transfer. Contact the receiving institution to initiate an IRA-to-IRA transfer. Signature guarantee is required unless you are requesting a direct rollover. (Indirect rollovers to another IRA require a signature guarantee.)

Payee Name		
Account Number (cannot be SSN)	Account/Plan Type*	
Address		
City	State	ZIP Code

\*Provide your most recent statement from other financial institution to expedite a direct rollover to an eligible employer-sponsored plan.

## 7 Signatures

**If requesting a distribution, by signing this form, I certify the following:**

- The information and elections made above are true and accurate. I authorize T. Rowe Price to act upon my instructions provided on the form.
- If I am requesting a direct rollover to an eligible employer-sponsored retirement plan, I certify that the amount being distributed is eligible to be rolled over, and I understand that federal or state income taxes will not be withheld from my distribution.
- I have received and reviewed IRS Form W-4R, a copy of which was provided when I received this T. Rowe Price form.
- I understand that I am responsible for calculating and withdrawing my RMD amounts under Internal Revenue Code Section 401(a)(9). I hereby indemnify and hold T. Rowe Price Trust Company, its parent and affiliates, successors,



and employees harmless from any and all liability should I fail to receive the correct RMD amount in any calendar year.

**If a beneficiary claiming an inheritance, by signing this form, I certify the following:**

- I agree to be bound by the terms of the prospectus for each T. Rowe Price fund (Fund) in which I am investing. I have the authority and legal capacity to purchase mutual funds and am of legal age in my state.
- I received and read the T. Rowe Price Traditional and Roth IRA Disclosure Statement and Custodial Agreement (or, if applicable, the T. Rowe Price SIMPLE IRA Disclosure Statement and Custodial Agreement) at least seven days prior to the date I signed this form, and I agree to the terms and conditions contained within those documents. I understand that these documents may be amended from time to time.
- I authorize T. Rowe Price Services, Inc. (TRPS), the Fund, and their agents to act on any instructions believed to be genuine for any service authorized on this form, including computer/phone services. The Fund and TRPS use reasonable procedures to verify the identity of the shareholder and the person(s) granted trading privileges, if applicable, when servicing an account by computer/phone. I understand that it is TRPS's policy to accept transaction instructions from and provide account information to the registered account owner(s) only, unless the account owner(s) has provided authorization to TRPS, in a form acceptable to TRPS, to grant trading privileges or to provide (or permit access to) account information to another person. I further understand that it is my responsibility to monitor the activity in my account and not to provide account information, including my online username and password, to anyone. TRPS's liability for unauthorized transactions is subject to the terms and conditions of its Account Protection Program. All services are subject to conditions set forth in each fund's prospectus.
- I agree that computer/phone exchange and redemption services will be activated when my account is opened. If I do not want these services, I will contact TRPS to terminate service.
- By adding a bank account, I authorize TRPS to initiate debit entries to my account at the financial institution indicated and for the financial institution to debit the same to such account through the ACH network, subject to the rules of the financial institution, ACH, and the Fund. TRPS may correct any transaction error with a credit or debit to my financial institution account and/or Fund account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify TRPS of its revocation by phone or in writing and TRPS has had sufficient time to act on it.
- I understand that, to minimize Fund expenses, it is TRPS's policy to send only one copy of the prospectuses, shareholder reports, and other documents

- (except account confirmations and statements) to all Fund shareholders residing at the same address. I also understand that this applies to all existing Fund accounts and any accounts I may open in the future. I consent to this policy and understand that I do not need to take action. If I do not consent, I will call TRPS after my account is opened.
- The account I am opening may be a qualifying account under the T. Rowe Price Summit Program as available from time to time, with benefits determined based on asset levels in qualifying accounts, plus certain types of other accounts maintained by T. Rowe Price that I and members of my household have (as applicable). I understand I can go to [troweprice.com/submit](http://troweprice.com/submit) to learn more about the Summit Program, including qualifying and other account types, benefits, how households are determined, information that may be disclosed to members of the household and their agents, and how I can opt out of certain householding features.
- To help the Federal government fight financial crimes, TRPS is required to obtain, verify, and record information that identifies each person who opens a TRPS account, in accordance with Federal law and regulations. Identifying information includes your name, address, date of birth, and other information that will allow us to identify you. You acknowledge that if TRPS is unable to verify your identity after making a reasonable effort, which may be through a third party, TRPS may take action, including but not limited to, not opening your account(s); restricting certain services; and closing and redeeming your account(s) at the net asset value next calculated after the account is closed, which may result in tax consequences.
- The Fund can redeem shares from my account(s) to reimburse a Fund for any loss due to nonpayment or other indebtedness.
- I understand that if my account has no activity in it for a period of time, TRPS may be required to transfer it to the appropriate state under abandoned property laws.
- If spouse is checked in section 4A, I certify I am the surviving spouse under federal law.
- I certify that the Social Security/tax identification number provided on this form is accurate. The Internal Revenue Service does not require your consent to any provision of this document other than the certification that the Social Security/tax identification number provided is accurate.

**7A Account Owner or Beneficiary**  **Sign Below**

**7B Bank Account Owner**  **Sign Below**

**Signature guarantee is required if:**

- Claiming an inheritance as a non-spouse beneficiary
- Distribution sent to a bank where the IRA owner is not one of the bank owners
- Payable to someone other than the owner or beneficiary
- Requesting an indirect rollover to another IRA (not required for direct rollovers to a qualified plan)
- Mailed to an address other than the address on file
- Invested in an account not owned by the owner or beneficiary

To add a new bank on file, owners of the bank account who are not the IRA owner must sign here. If the IRA owner is not one of the bank account owners, sign in the presence of a signature guarantor.

Signature and Date Required	
Owner or Beneficiary	Date (mm/dd/yyyy)
 X	

Signature and Date Required	
Bank Account Owner	Date (mm/dd/yyyy)
 X	



You can obtain the Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from notaries public or non-Medallion guarantors. The level of coverage provided by the guarantor's stamp must cover the dollar amount of the transaction or it may be rejected.

**Medallion Signature Guarantee – Place Medallion Stamp Below**

**T. ROWE PRICE PRIVACY POLICY**

In the course of doing business with T. Rowe Price, you share personal and financial information with us. We treat this information as confidential and recognize the importance of protecting access to it.

You may provide information when communicating or transacting with us in writing, electronically, or by phone. For instance, information may come from applications, requests for forms or literature, and your transactions and account positions with us. On occasion, such information may come from consumer reporting agencies and those providing services to us.

We do not sell information about current or former customers to any third parties, and we do not disclose it to third parties unless necessary to process a transaction, service an account, or as otherwise permitted by law. We may share information within the T. Rowe Price family of companies in the course of providing or offering products and services to best meet your investing needs. We may also share that information with companies that perform administrative or marketing services for T. Rowe Price; with a research firm we have hired; or with a business partner, such as a bank or insurance company, with which we are

developing or offering investment products. When we enter into such a relationship, our contracts restrict the companies' use of our customer information, prohibiting them from sharing or using it for any purposes other than those for which they were hired.

We maintain physical, electronic, and procedural safeguards to protect your personal information. Within T. Rowe Price, access to such information is limited to those who need it to perform their jobs, such as servicing your accounts, resolving problems, or informing you of new products or services. Our Code of Ethics, which applies to all employees, restricts the use of customer information and requires that it be held in strict confidence.

The Privacy Policy applies to the following T. Rowe Price companies: T. Rowe Price Associates, Inc.; T. Rowe Price Advisory Services, Inc.; T. Rowe Price Investment Services, Inc.; T. Rowe Price Trust Company; and the T. Rowe Price Funds.

For more information on the collection and use of personal information and T. Rowe Price's privacy practices, please read our privacy notice at: [troweprice.com/PrivacyNoticeUSCAN](http://troweprice.com/PrivacyNoticeUSCAN).



**Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions**

Department of the Treasury  
Internal Revenue Service

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

**2025**

<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>	<div style="border-bottom: 1px solid black; min-height: 20px;"></div> <p><b>Your signature</b> (This form is not valid unless you sign it.)</p>	<div style="border-bottom: 1px solid black; min-height: 20px;"></div> <p><b>Date</b></p>
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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.

<b>Single or Married filing separately</b>		<b>Married filing jointly or Qualifying surviving spouse</b>		<b>Head of household</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>	<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.