

You may use this form to make a distribution or to effect a direct transfer from an IRA to an IRA (either Traditional IRA to Traditional IRA or Roth IRA to Roth IRA) with another Custodian; a direct rollover from a Qualified Plan, 403(b) or 457(b) to a Traditional IRA or Roth IRA (with respect to designated Roth contributions); or a conversion rollover from a Traditional IRA to a Roth IRA. The assets may be from another fund family or within Nuveen. Make sure you attach a copy of your existing account statement, any other forms required by your current custodian/trustee, and an IRA Adoption and New Account Agreement form if you do not have an existing IRA of the type necessary to receive the assets. 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 Nuveen Funds nor any affiliate or service provider to Nuveen has provided the investor(s) with advice, recommendations, or suggestions as to any specific investment decisions. Investors in Nuveen Funds 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 Nuveen Funds per the Return Completed Forms section below or in the enclosed customer reply envelope. Please contact Nuveen Funds with any questions at 800-257-8787.

1. ACCOUNT REGISTRATION (REQUIRED)

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

Type of IRA:

Traditional IRA Roth IRA Simple IRA SEP IRA

Prefix First Name MI Last Name

Social Security Number/
Taxpayer Identification Number Date of Birth (mm/dd/yyyy) / /

Account Number

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

Address (If the above address is a P.O. Box, you must also provide a street address.) City State Zip Code

Primary Phone Number Phone Number Type Mobile Home Business Secondary Phone Number Phone Number Type Mobile Home Business

Alternate Phone Number Phone Number Type Mobile Home Business Email Address



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 Nuveen 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 Subject to Required Minimum Distributions (RMDs): Not applicable for deceased Roth IRA account owners. In the year of the IRA owner's death, if the owner had reached their required beginning date and was subject to RMDs, any unpaid amounts for that year must be distributed to you as a beneficiary and cannot be transferred to your inherited 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 (RMD) APPLICABLE AGE**

You must begin taking minimum distributions from your IRAs and employer retirement plan accounts by your required beginning date (or retirement, if later for employer retirement plan accounts). For IRAs (other than Roth IRAs), your required beginning date is April 1 of the year following the calendar year in which you reach your RMD Applicable Age. For employer-sponsored retirement plans, your required beginning date is April 1 of the year following the calendar year in which you reach your RMD Applicable Age or retire from the plan sponsor, if later.

"YOUR RMD APPLICABLE AGE" IS:

- age 70½ if you were born before 7/1/1949;
 age 72 if you were born on or after 7/1/1949 or in 1950
 age 73 if you were born between 1951 and 1958

Please consult your professional tax advisor regarding your personal tax matters.



3. IRA DISTRIBUTION

- 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 professional 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.
- Transfer** (transfer funds directly to):
Name of Trustee/Custodian:
- Street Address City State Zip Code
- Other** (box to write in information)

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://www.irs.gov/retirement-plans/plan-participant-employee/rollovers-of-retirement-plan-and-ira-distributions).

4. DISTRIBUTION AMOUNTS

- Fixed Amount.** Please distribute \$ from my Nuveen 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 Nuveen Mutual Funds IRAs on a prorated basis.

Withdraw my distributions from all my Nuveen 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 RMDs 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 8, option F of this form. Please consult your professional 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 8, 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 qualified distributions from 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 Nuveen 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% (including 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 territories.

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.

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 tax withholding call **800-257-8787**.

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 Nuveen 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"/> %

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.

(Continued)



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

F. Charitable Distributions: A medallion signature guarantee is required in Section 10.

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 the requested information on a separate piece of paper and attach.



10. SIGNATURE

For your protection, Nuveen 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 Nuveen 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)

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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:

Nuveen Funds
P.O. Box 219140
Kansas City, MO 64121-9140

OVERNIGHT:

Nuveen Funds
801 Pennsylvania Ave
Suite 219140
Kansas City, MO 64105-1307





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. 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.





A TIAA Company

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

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	City	State Zip Code
<input type="text"/>	<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"/>									
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STEP 1C.

Account Number

<input type="text"/>									
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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 Nuveen

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.

Your Signature

Today's Date (mm/dd/yyyy)

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A TIAA Company

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

OPTIONS TO RETURN COMPLETED FORM(S)

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

STANDARD MAIL:

Nuveen Funds
P.O. Box 219140
Kansas City, MO 64121-9140

OVERNIGHT:

Nuveen Funds
801 Pennsylvania Ave
Suite 219140
Kansas City, MO 64105-1307



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.

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

* If married filing separately, use \$390,800 instead for this 37% rate.

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

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.



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

GENERAL INSTRUCTIONS (CONTINUED)

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.)



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

SPECIFIC INSTRUCTIONS (CONTINUED)

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.

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.

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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.

