


1. Instructions

Please complete this form online, then print, sign and mail it to us.

- Use this form to redeem from your Oakmark traditional, Roth, SEP or SIMPLE IRA account.
- Use this form to transfer or redeem IRA assets due to death.
- To redeem from your Oakmark regular, taxable account, use the [Redemption Request Form](#).
- To take a Required Minimum Distribution (RMD), use the [IRA Required Minimum Distribution \(RMD\) Form](#).
- The paperclip  indicates that additional documentation is required with this form.

Regular Mail:
Oakmark Funds
P.O. Box 219558
Kansas City, MO 64121-9558

For Overnight Delivery:
Oakmark Funds
801 Pennsylvania Ave
Suite 219558
Kansas City, MO 64105-1307

Questions?
1-800-OAKMARK (625-6275)

Hours:
Monday - Friday
8:00am - 6:00pm ET

You can also redeem from your IRA account at Oakmark.com

2. Existing Account Information

See an account statement for this information. To redeem from another IRA, complete and attach an additional form.

Account Number

Social Security Number

Account Owner Name(s)/Account Registration

Date of Birth (MM/DD/YYYY)

3. Contact Information

Primary Phone Number

Secondary Phone Number

Email Address

4. Type of Distribution

IRA redemptions can have tax implications. Consult a tax advisor to ensure you have a full understanding of the tax implications and IRS regulations prior to initiating a redemption. For more information, consult IRS Publication 590.

*If you are age 70 ½ or older, you must take your RMD in conjunction with a rollover if you have not already fulfilled your annual RMD.

Select one:

- Normal Distribution** - IRA owner is age 59 ½ or older. Go to [Section 6](#).
- Distribution Due to Death** - IRA owner is deceased. Go to [Section 5](#).
- Early Distribution, No Exception Applies** - IRA owner is under age 59 ½ and no exception to the age 59 ½ rule applies. Go to [Section 6](#).
- Early Distribution, Exception Applies** - IRA owner is under age 59 ½ and the distribution is for certain expenses, including, but not limited to: a first-time home purchase, qualified higher education expenses, medical insurance, disability, or unreimbursed medical expenses exceeding 7.5% of your adjusted gross income. Go to [Section 6](#).
- Participant Rollover*** - IRA owner is rolling over the proceeds to another qualified retirement plan within 60 days after receipt of the distribution. The distribution will be reflected as Early or Normal on IRS Form 1099-R. The receiving IRA custodian should reflect the rollover contribution on IRS Form 5498. Go to [Section 6](#).
- Substantially Equal Periodic Payments (SEPP)** - IRA owner is under age 59 ½. Distributions are to be made at least annually using a life expectancy method in [Section 6](#), and payments must generally continue for at least five full years, or if later, until age 59 ½. Go to [Section 6](#).

4. Type of Distribution *Continued*

- Excess Contribution(s)** - IRA owner is removing excess contribution(s) and associated earnings, if any. To avoid a penalty tax, excess contribution(s) and earnings must be withdrawn before the due date, including extensions, of your federal income tax return for the tax year of the excess contribution.

Are you removing the excess contribution(s) and earnings before your tax filing deadline? Yes No

Select one:

- Remove _____ and earnings from _____ for _____.
Fund Name Tax Year
- Remove _____ and earnings from _____ for _____.
Fund Name Tax Year
- Remove all contributions and earnings from _____ for _____.
Fund Name Tax Year

Select one:

- Invest the excess contribution(s) and earnings in the same IRA for the current year. The amount must be equal to or less than your annual IRA contribution limit. Go to **Section 10**.
- Invest _____ of the excess contribution(s) and earnings in the same IRA for the current year and redeem the balance. Go to **Section 7**.
- Redeem the excess contribution(s) and earnings. Go to **Section 7**.


- IRA Recharacterization** - IRA owner is recharacterizing IRA contribution(s) or conversion(s) and associated earnings, if any, to a different type of IRA.

Are you recharacterizing the contribution(s) and earnings before your tax filing deadline? Yes No

Select one:

- Recharacterize _____ and earnings from _____ for _____.
Fund Name Tax Year
- Recharacterize _____ and earnings from _____ for _____.
Fund Name Tax Year
- Recharacterize all contributions and earnings from _____ for _____.
Fund Name Tax Year


Select one:

- Recharacterize the contribution(s) and earnings to my existing Oakmark IRA account _____. Go to **Section 10**.
- Recharacterize the contribution(s) and earnings to my new Oakmark IRA.  Complete and attach the **IRA Application & Adoption Agreement**. Go to **Section 10**.

4. Type of Distribution *Continued*

Divorce - IRA owner must provide a signature in **Section 10** and obtain a medallion signature guarantee in **Section 11**. **Select one:**

Transfer _____% of the IRA assets to the existing Oakmark IRA account _____. Go to **Section 10**.

Transfer _____% of the IRA assets to a new Oakmark IRA.  Complete and attach the **IRA Application & Adoption Agreement**. Go to **Section 10**.

Redeem _____% of the IRA assets. An IRA account will be established in the ex-spouse's name in order to redeem the assets. Provide the name, SSN and mailing address below. Go to **Section 7**. Both you and your ex-spouse must sign in **Section 10**.

Name (First, Middle Initial, Last)

Social Security Number

Mailing Address

City

State

Zip Code

5. Distribution due to Death

A. Liquidation or Transfer Instructions

Select one:

Liquidate the IRA in full. An IRA account will be established in your name in order to redeem the assets. Provide your name, SSN and mailing address below. Go to **Section 7**.

Name (First, Middle Initial, Last)

Social Security Number

Mailing Address


City



State

Zip Code

Transfer the IRA to an Oakmark IRA. **Select one:**

Spouse beneficiary - Go to **Section 5B**.

Non-spouse beneficiary - Your portion of the IRA assets will be transferred to a new Oakmark Decedent (DCD) IRA.  Complete and attach the **IRA Application & Adoption Agreement**. Go to **Section 5C**.

No designated beneficiary - If transferring to multiple estate beneficiaries, complete one form for each beneficiary.  The estate executor must provide a tax waiver if mandated by the state, sign in **Section 10** and obtain a medallion signature guarantee in **Section 11**.  Each beneficiary must complete and attach the **IRA Application & Adoption Agreement**. Their portion of the IRA assets will be transferred to a new Oakmark Decedent (DCD) IRA. Go to **Section 5C**.


Estate Beneficiary Name (First, Middle Initial, Last)

Percent

5. Distribution due to Death *Continued*

B. Spouse Beneficiary Transfer Instructions

Select one:

- Transfer my portion of the IRA assets to my existing Oakmark IRA account _____.
- Transfer my portion of the IRA assets to a new Oakmark IRA.  Complete and attach the [IRA Application & Adoption Agreement](#).

A distribution is required to the extent that the decedent had not yet taken all of his or her RMD in the year death occurred. The amount will be reported in your name and SSN. **Select one:**

- Distribute RMD of _____ prior to transferring.
- Distribute full RMD prior to transferring.
- Do not distribute an RMD. The RMD will be fulfilled from another IRA or RMD has already been fulfilled for the year.

C. First Generation Beneficiary

If you are a beneficiary who is inheriting directly from the original IRA owner, provide the original owner's date of birth, date of death and select one beneficiary type:

Date of Birth (MM/DD/YYYY)

Date of Death (MM/DD/YYYY)

- First Generation Eligible Designated Sole Spouse Beneficiary (1st Gen EDB-Sole Spouse)** - The IRA is being transferred to the spouse. Go to [Section 6](#).
- First Generation Designated Beneficiary (1st Gen DB)** - You are not eligible for Life Expectancy payments (sibling of deceased, grandchild of deceased, child over the age of 18). Go to [Section 6](#).
- First Generation Non-Designated Beneficiary (1st Gen NDB)** - The IRA is being transferred to an entity beneficiary (estate, charity, trust). Go to [Section 6](#).
- First Generation Eligible Designated Minor Beneficiary (1st Gen EDB-Minor)** - The IRA is for a minor (under the age of 18) who is a direct descendent (son or daughter) of the original account owner. Go to [Section 6](#).
- First Generation Eligible Designated Beneficiary – Other (1st Gen DB)** - You are eligible for Life Expectancy payments (chronically ill, disabled, eligible designated beneficiary less than 10 years younger than original account owner). Go to [Section 6](#).

5. Distribution due to Death *Continued*

D. Second Generation Beneficiary

If you are a beneficiary who is inheriting from a beneficiary and not directly from the original IRA owner, provide the following information for all previous owners of this Decedent IRA and select one beneficiary type:

Name (First, Middle Initial, Last)

Date of Birth (MM/DD/YYYY)

Date of Death (MM/DD/YYYY)

Name (First, Middle Initial, Last)

Date of Birth (MM/DD/YYYY)

Date of Death (MM/DD/YYYY)

- Succeeding Generation Beneficiary when First Generation was Eligible Designated Sole Spouse Beneficiary (2nd or > Gen EDB-Sole Spouse)** - You are a second generation or greater beneficiary and the first generation beneficiary was an Eligible Designated Sole Spouse. Go to [Section 6](#).
- Succeeding Generation Beneficiary when First Generation was a Designated Beneficiary (2nd or > Gen DB)** - You are a second generation or greater beneficiary when the first generation beneficiary was a designated beneficiary who was not eligible for Life Expectancy payments. Go to [Section 6](#).
- Succeeding Generation Beneficiary when First Generation was Eligible Designated Minor of Deceased Owner (2nd or > Gen EDB-Minor)** - You are a second generation or greater beneficiary when the first generation beneficiary was a minor son or daughter (under the age of 18) of the original account owner. Go to [Section 6](#).
- Succeeding Generation Beneficiary when First Generation was Eligible Designated Beneficiary – Other (2nd or > Gen EDB-Other)** - You are a second generation or greater beneficiary when the first generation beneficiary was eligible for Life Expectancy payments and was not the sole spouse or minor direct decedent of the original account owner. Go to [Section 6](#).

6. Distribution Amount and Frequency

IRA redemptions can have tax implications, and the distribution rules for inherited IRAs are complex. Consult a tax advisor to ensure you have a full understanding of the tax implications and IRS regulations. It is your responsibility to ensure the appropriate distribution within compliance of IRS rules. **Select one:**

- Do not begin distributions** - Go to [Section 9](#).
- One-time Distribution** - Provide the Fund(s) and redemption amount(s) below.
- Ongoing Systematic Withdrawal Plan** - Provide the Fund(s) and redemption amount(s) and specify the payment schedule below. If you choose more than one month, the amount will be divided into equal payments for the months chosen.
- Life Expectancy Distributions** - Select one option and specify the payment schedule below. **Select one:**
- Distribute based on the Single Life Expectancy Table (for use by beneficiaries).
- Distribute based on the Uniform Lifetime Table (for use by unmarried owners, married owners whose spouses are not more than 10 years younger, and married owners whose spouses are not the sole beneficiaries of their IRAs).
- Distribute based on the Joint Life and Last Survivor Expectancy Table (for use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs). The spouse's date of birth is: _____

MM/DD/YYYY

6. Distribution Amount and Frequency *Continued*

If you have selected One-time Distribution or Ongoing Systematic Withdrawal Plan above, indicate the Fund(s) and redemption amount(s):

Fund Name	Share Class	Redemption Amount	Dollars, Shares or Percent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have selected Ongoing Systematic Withdrawal Plan or Life Expectancy Distributions above, provide the payment schedule:

Redemptions will occur on the 15th of the month or the next business day, unless otherwise specified below. When choosing a month and date, allow at least 10 business days from receipt of this form to set up the plan.

Transaction should occur on the _____ day of the month.

All Months or
 Jan
 Feb
 Mar
 Apr
 May
 Jun
 Jul
 Aug
 Sep
 Oct
 Nov
 Dec

7. Income Tax Withholding

The default withholding rate is 10%. If you wish to elect a different rate that is between 0% and 100%, **you must complete and sign the attached IRS Form W-4R**. If you want to elect no withholding, you must write "0" on line 2 and sign the form. Refer to the form for additional information and instructions. You **do not** need to include the form if you would like us to apply the default 10% withholding rate.

The 10% default withholding rate does not apply to Roth IRA distributions as Roth IRAs are generally not subject to federal withholding. However, you have the option to voluntarily withhold an amount that is between 0% and 100% on the form.

State withholding: Some states require us to withhold state income tax and it is generally based on the percent or amount of federal tax withheld. Some states do not accept any income tax withholding from IRA distributions. Consult your state's tax department with questions about state withholding and taxes on IRA distributions. If you would like a specific state withholding amount, attach a separate letter of instruction.

The proceeds you receive will be the remaining amount after all withholding is subtracted from your distribution total.

8. Delivery Instructions

A. Invest Proceeds

Select one:

Invest the proceeds in my existing non-retirement account:

Fund Name	Share Class	Account Number	Dollar Amount	or Percent
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

Invest the proceeds in a new non-retirement account.  Complete and attach the [Oakmark New Account Registration Form](#).

B. Send Proceeds Via Mail

Select one:

Via Regular Mail. Proceeds should be received 7-10 business days after receipt of your request in good order.

Via Overnight Mail. **A \$25.70 overnight fee will be deducted from your account.** Proceeds should be received 2-3 business days after receipt of your request in good order.

Select one:

Make check payable to current name and address on file. You must obtain a medallion signature guarantee in [Section 11](#) if the address on file has changed within the last 15 days.

Make check payable to name and address provided in [Section 5](#). You must obtain a medallion signature guarantee in [Section 11](#).

Make check payable to another name and address or send check to another name and address. This option is not available for ongoing distributions. You must obtain a medallion signature guarantee in [Section 11](#). Provide the payee and mail information:

Payee Name

Address

City

State

Zip Code

Mailing Recipient Name (if different)

Mailing Address (if different)

City

State

Zip Code

8. Delivery Instructions *Continued*

C. Send Proceeds Electronically

Select one:

- Via Automated Clearing House (ACH). Proceeds should be received 2-3 business days after receipt of your request in good order.
- Via Federal Funds Wire. **A \$5 wire fee will be deducted from your account.** Proceeds should be received 1-2 business days after receipt of your request in good order.

Select one:

- Send the proceeds to my bank account on file.
- Send the proceeds to a bank account I wish to add on file. Go to **Section 9** for additional requirements. You must obtain a medallion signature guarantee in **Section 11**.
- Send the proceeds to a bank account that I do NOT wish to add on file. Go to **Section 9** for additional requirements. You must obtain a medallion signature guarantee in **Section 11**.

9. Bank Information

Complete this section if you would like to send the proceeds to a bank account, and provide the appropriate bank information below or include a voided check. We will not accept starter checks or mutual fund money market accounts. You must sign this form in **Section 10** and obtain a Medallion Signature Guarantee (MSG) stamp in **Section 11**. If there is no name in common between the Oakmark account owner and the bank account owners, the Oakmark account owner and ALL bank account owners must sign this form in **Section 10** and obtain a Medallion Signature Guarantee (MSG) stamp in **Section 11**. If you wish to establish banking information on file, this banking information will be added to all accounts under the SSN. **Select one:**

- Add this new/additional bank information to my account(s).
- Replace the existing bank information on my account(s).
- Perform a one-time redemption and do not add this bank on file.

Bank Name

Bank Account Owner Name(s)

Bank Routing Number

Bank Account Number

10. Signature(s) *Required*

I accept full responsibility for complying with all IRS requirements with respect to my Oakmark Funds - UMB Bank, N.A. IRA, including, but not limited to, distributions, rollovers, excess contributions, recharacterizations, and tax-filing and record keeping requirements. I understand that I am responsible for any tax consequences, including penalties, which may result from elections I make or any distributions, rollovers or recharacterizations which I initiate. I hereby indemnify the Oakmark Funds, Harris Associates L.P., the Oakmark Funds' transfer agent and UMB Bank, N.A. (the "Custodian"), and any affiliate and any of their respective directors, trustees, employees, and agents if I fail to meet any such IRS requirements. I certify that the information provided on this form is true and accurate.

I authorize the Oakmark Funds, its affiliates and agents, to act on any instructions believed to be genuine for any transactions or services authorized on this form, including telephone options. By completing **Section 9** I hereby authorize the Fund to initiate credits and/or debits to my account indicated in **Section 9** and for the bank to honor all entries to my account.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION:

Under penalty of perjury, I hereby certify that the Social Security or other Tax Identification Number (TIN) in Section 2 or 5 is correct, that I am a U.S. person (U.S. person includes a resident alien) and that I am NOT currently subject to IRS backup withholding (cross out "NOT" if you are currently subject to withholding). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign below exactly as your name(s) appears in **Section 2 or 5**. If acting in a special capacity, such as beneficiary or executor, the capacity must be indicated after your signature.

X			
Signature	Name	Capacity	Date
X			
Signature	Name	Capacity	Date
X			
Signature	Name	Capacity	Date
X			
Signature	Name	Capacity	Date

11. Medallion Signature Guarantee *If required*

A STAMP2000 Medallion Signature Guarantee (MSG) is required if the IRA assets are to be distributed to a beneficiary, estate, estate beneficiary or ex-spouse. An MSG stamp is required if redemption proceeds are greater than \$100,000, to be sent to a bank account that is not on file or was added online within the last 60 days, to be sent to the address on file that has changed within the last 15 days, or to be made payable or mailed to someone other than the IRA account owner. You can obtain an MSG stamp from most commercial banks, trust companies, savings associations, credit unions and member firms of domestic stock exchanges. **A notary public cannot provide an MSG.**

MSG Stamp	MSG Stamp
MSG Stamp	MSG Stamp

RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

1a First name and middle initial	Last name	1b Social security number
---	-----------	----------------------------------

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.

2 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)	2	%
---	----------	---

Sign Here	Your signature (This form is not valid unless you sign it.)	Date
------------------	---	------

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>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$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.

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.

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.