

FORM G-4P

**STATE OF GEORGIA
WITHHOLDING CERTIFICATE FOR
PENSION OR ANNUITY PAYMENTS**

TYPE OR PRINT YOUR FULL NAME	SOCIAL SECURITY NUMBER
HOME ADDRESS (Number and Street or Rural Route)	
CITY OR TOWN, STATE, AND ZIP CODE	

Your Signature _____

Date _____

IGNORE TAX TABLES – DEDUCT FLAT AMOUNT OF : \$ _____