



## Oklahoma Firefighters Pension and Retirement System

6601 Broadway Ext., Suite 100  
Oklahoma City, Oklahoma 73116-8214  
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643  
[www.ok.gov/fprs](http://www.ok.gov/fprs)



### Application for Disability Retirement Pension

☐ PAID

☐ DISABILITY IN THE LINE OF DUTY

☐ VOLUNTEER

☐ DISABILITY NOT IN THE LINE OF DUTY

COMES NOW

(Firefighters name as shown on social security card)

\_\_\_\_\_ who hereby makes application to the Board of Trustees of the Oklahoma Firefighters Pension and Retirement System, pursuant to Oklahoma Statutes, Title II, Section 49-101 and 49-106, Supp. 1981, for a pension and respectfully submits the following:

#### MEMBER INFORMATION

Firefighter's SSN \_\_\_\_\_

Service Ended Date \_\_\_\_\_

Fire Department Name \_\_\_\_\_

Effective Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

#### FOR OFFICE USE ONLY

CITY CODE \_\_\_\_\_

RETIREMENT CODE \_\_\_\_\_

PAYEE CLASS \_\_\_\_\_

STATUS \_\_\_\_\_

PENSION AMOUNT \_\_\_\_\_

APPROVED BY BOARD ON \_\_\_\_\_

PREP BY: \_\_\_\_\_

REV BY: \_\_\_\_\_

APV BY: \_\_\_\_\_

#### DEPENDENT INFORMATION

Spouse's Name \_\_\_\_\_ Spouse Birth Date \_\_\_\_\_ Marriage Date \_\_\_\_\_

Name of Minor Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Name of Minor Child \_\_\_\_\_ Birth Date \_\_\_\_\_

#### CITIZENSHIP INFORMATION

All Natural persons fourteen (14) years of age or older and present in the United States, applying for retirement benefits from the Oklahoma Firefighters' Pension and Retirement System are required, by the Oklahoma Indigent Health Care Act (56 O.S. Supp. 2007 § 71), to provide verification of lawful presence in the United States by executing an Affidavit below before a notary public or other officer authorized to notarize affidavits under State law. Please check one of the applicable boxes below.

The applicant named above is of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows: (Check one)

☐ I am a United State Citizen.

☐ I am a qualified alien under the Federal Immigration and Nationality Act and I am lawfully present in the United States.

APPLICANTS NAME \_\_\_\_\_ SSN \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION \*REQUIRED\* ATTACH A VOIDED CHECK TO FORM**

☐ Checking

☐ Savings\*\*\*

Bank Name

Bank Address

Account Number

Bank Phone Number

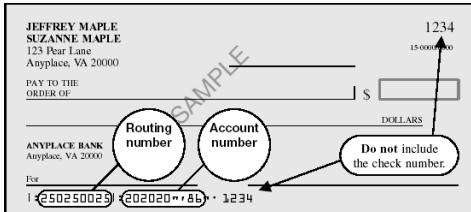
City

State

Zip Code

Routing Number

Attach voided check here:



Note. The routing and account numbers may be in different places on your check.

**DEDUCTION INFORMATION**

Deduction Description

Deduction Amount per Month

- ☐ Oklahoma State Retired Firefighters Association Dues (\$3.00/month)
- ☐ Local Retired Firefighters Association Dues (OKC, Tulsa, and Edmond Only)
- ☐ Mutual Aid Dues (OKC Only \$5.00)
- ☐ Credit Union **(check one)**
- ☐ MECU ☐ Tulsa FFCU ☐ Tinker CU ☐ Comanche CO CU
- ☐ Health Insurance **(See Form 23 for more detailed info)**

Insurance Provider

- ☐ Other Allowable Deduction

Description

APPLICANTS NAME \_\_\_\_\_ SSN \_\_\_\_\_

1a. **(If Disability is NOT in the Line of Duty)** Applicant has become permanently disabled from causes not arising in the line of duty as a member of the Fire Department he/she is enrolled in, and that by reason thereof is unable to perform his/her duties as a firefighter.

1b. **(If Disability is in the Line of Duty)** Applicant is at this time so physically or mentally disabled that he/she is unable to perform his/her duties as a firefighter.

2. Applicant further shows that his/her present disability, as a result of such accident or illness is as follows:

3. Applicant has submitted himself/herself for examination in accordance with 11 O.S., Section 49-110 and has obtained physician letters certifying the applicant's disability.

4. Applicant further believes that said disability will continue for an indefinite period of time.

I, \_\_\_\_\_ authorize the Oklahoma Firefighters Pension and Retirement System ("Board") to conduct a physical examination, as required by 11 O.S. Section 49-116, in order for me to qualify to receive any disability pension benefits. Further, I consent to the release of the examination results, and any other information, including but not limited to medical information relating to the existence of my disability, if any, or any other information related to my pension benefits, to personnel authorized by the Board, physicians or medical personnel selected by the Board, and to Board members, for appropriate review and the determination of disability or regular pension benefits.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Applicant's Signature

State of Oklahoma )  
 ) SS.  
County of \_\_\_\_\_ )

\_\_\_\_\_, first being duly sworn on oath deposed and says that he/she is the Applicant above named, that he/she read the within and foregoing application, knows the contents thereof, and that the statements contained therein are true and correct.

Subscribed and sworn to before me \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_  
Notary Public

**PLEASE ENCLOSE:**

**MINUTES OF YOUR LOCAL PENSION BOARD MEETING (Minutes from town counsel cannot be accepted). (IF APPLICABLE)**

**TWO PHYSICIAN STATEMENTS STATING THAT YOU CANNOT PERFORM THE DUTIES OF A FIREFIGHTER AND REASON WHY  
ANY AVAILABLE INJURY REPORTS**

**A VOIDED CHECK FOR DIRECT DEPOSIT**

**(OPTIONAL) APPLICATION FOR PARTICIPATION IN BACK DROP PROVISION (REQUIRES BOTH FORM 7A AND 11B)**

[Click here to view forms 7a and 11b](#)

**(OPTIONAL) HEALTH ELECTION/CHANGE FORM FOR ELIGIBLE RETIRED PUBLIC SAFETY OFFICER (FORM 23)**

[Click here to view form 23](#)

**Return to: OKLAHOMA FIREFIGHTERS PENSION AND RETIREMENT SYSTEM  
6601 Broadway Ext., Suite 100  
Oklahoma City, OK 73116-8214**

[Print Form](#)

Oklahoma Tax Commission

**Withholding Certificate for Periodic Pension or Annuity Payments**

This certificate is for income tax withholding purposes only. Type or print.

**NOTE: Do NOT mail to the Oklahoma Tax Commission.**

<b>Your First Name and Middle Initial:</b>	<b>Last Name:</b>	<b>Your Social Security Number:</b>
<b>Home Address (Number and Street or Rural Route):</b>	<b>Filing Status:</b> <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Married, but withhold at higher Single rate</b>	
<b>City or Town:</b>	<b>State:</b>	<b>ZIP Code:</b>

**General Information**

Complete Form OK-W-4-P to have payers withhold the correct amount of state income tax from your periodic pension, annuity, profit-sharing and stock bonus plan, or IRA payments. State income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals over a period of more than one year. Form OK-W-4-P should not be used for a nonperiodic payment or an eligible rollover distribution. Instead, use Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Form OK-W-4-R for such payments or distributions. **Note:** You can choose not to have tax withheld regardless of how much tax is owed for the previous year, or is expected to be owed in the current year.

1. Allowance for Yourself: Enter 1 for yourself.....	1	
2. Allowance for Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter "0". If No, enter "1" for your spouse	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4-P .....	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim .....	4	
5. Total Number of Allowances You Are Claiming: Add lines 1 through 4 and enter total here..... (If the recipient has not provided a withholding certificate, tax will be withheld as if the recipient were married and claiming three withholding allowances, pursuant to OAC 710:90-1-13.)	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here .....	6	\$
7. If you choose to <b>not</b> have state income tax withheld from you payments, write "No Withholding" on line 7.....	7	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

<b>Employee's Signature</b> (Form is not valid without signature):	<b>Date</b> (MM/DD/YYYY):
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**Items to Remember:**

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4-P for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4-P. If both spouses claim the dependents as an allowance on Form OK-W-4-P, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- Certain retirement benefits may be excluded from Oklahoma adjusted gross income (see Oklahoma Resident Income Tax Return Form 511 Schedule 511-A instructions for details). To be eligible, you must have retirement income in your name.

**Withholding Certificate  
for Periodic Pension or Annuity Payments**

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

**2023****Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

**Step 2:  
Income  
From a Job  
and/or  
Multiple  
Pensions/  
Annuities  
(Including a  
Spouse's  
Job/  
Pension/  
Annuity)**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "0" . . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "0" . . . \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

**TIP:** To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

**Complete Steps 3–4(b)** on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 . . . \$		
	Multiply the number of other dependents by \$500 . . . \$		
	Add other credits, such as foreign tax credit and education tax credits . . . \$		
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . \$	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs or pension/annuity payments).</b> If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld from <b>each</b> payment . . .	<b>4(c)</b>	\$

**No Withholding****Step 5:  
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-4P, such as legislation enacted after it was published, go to [www.irs.gov/FormW4P](http://www.irs.gov/FormW4P).

**Purpose of form.** Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Choosing not to have income tax withheld.** You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

**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. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4P. 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, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

**Example 1.** Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

**Example 2.** Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

**Example 3.** Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

**Example 4.** Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



**Multiple sources of pensions/annuities or jobs.** If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

## Specific Instructions *(continued)*

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

**Note:** If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

### Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . .	1 \$ _____
2	Enter: <div style="display: inline-block; vertical-align: middle;"> <div style="display: inline-block; vertical-align: middle;">           • \$20,800 if you're head of household,            • \$27,700 if you're married filing jointly or a qualifying surviving spouse            • \$13,850 if you're single or married filing separately         </div> <div style="font-size: 3em; vertical-align: middle; margin: 0 10px;">}</div> </div> . . . . .	2 \$ _____
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . .	3 \$ _____
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information . . . . .	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .	5 \$ _____
6	<b>Add</b> lines 3 through 5. Enter the result here and in <b>Step 4(b)</b> on Form W-4P . . . . .	6 \$ _____

**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 federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. 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 being treated as a single person with no other entries on the form; 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.