

## REQUEST FOR QUARTERLY PAYMENTS OF TAX REIMBURSEMENT ON IDB GROUP RETIREMENT BENEFITS

Before completing this form, please complete SRP Form 765 and submit it to SRP.

Please complete, sign and return this form to the IDB Deloitte Tax Team by email to <a href="mailto:taxconsultants@iadb.org">taxconsultants@iadb.org</a>. Your information will be treated as strictly confidential.

Ν	ame	Email Address		Retiree ID#		
Н	Home Address (number, street, city, state, zip code)					
C	ountry if Outside U.S.		Phone Number			
1.	Please indicate the jurisdictions (national a taxable in the current year:  Count	. ,	Group retirement	benefits are		
	Local (o.g. state, province or N/	/A).				
	Local (e.g. state, province or N/	A):				
2.	Enter the date you became a tax resident i	in this jurisdiction:				
	(U.S. tax residents should refer to Section II(A) of the on when U.S. tax residency commences.)	e Tax Reimbursement Handbook	for IDB Group Retire	ees for information		
3. 4.	Were you a U.S. citizen on the last day of y If you are married, is your spouse an emplo	• • •		No		
	a. If yes, enter the name and IDB ID# of y	our spouse:				
5.	Enter the date of your first monthly pension	on payment:				
6.	Did you receive a pension commutation? (	Yes/No)				

## 7. For U.S. Tax Residents Only (non-U.S. tax residents should skip to #8, below):

Blind or age 65 or older? (check applicable boxes)

	Blind?	Age 65 or older as of the next Jan. 1?
You		
Spouse		

For US Tax Residents Only (continued)		
	Enter Expected Status/Amount for Current Year	
Filing status (Single, married joint, head of household, etc.) *		
Number of children under age 17 as of 12/31 of the current year		
Number of state exemptions (if applicable)		
Your spouse's expected taxable income from all sources for the current year (if applicable)		

<sup>\*</sup> If your actual filing status is Married Filing Separate, your tax reimbursement will be calculated using the filing status of Married Filing Jointly unless you satisfy the criteria for an exception. See Tax Reimbursement Handbook for IDB Group Retirees, page 16.

## 8. For Non-U.S. Tax Residents Only:

Please estimate the total amount of taxes, in local currency, that you expect to pay on your SRF					
pension in the current year:					

If you would like to have quarterly payments estimated for you, you can leave the above entry blank.

Non-U.S. tax residents shall provide along with this request the following documents:

- a) Documentation supporting the estimate provided above.
- b) Up to date copies of the relevant forms and instructions issued by the applicable taxing jurisdictions to assist Deloitte in reviewing and/or recalculating the estimate of advances.

Any additional information which you consider pertinent regarding your tax obligations should be shown on a separate attached page which shall be considered an integral part of this form.

## <u>Certification</u> (Mandatory for all Submissions)

ı	und	erstand	that:
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- (a) the information supplied above will be relied upon by the Bank to calculate quarterly payments of tax reimbursements made to me on my taxable IDB Group retirement income for the applicable year. Therefore, I affirm that the information I have provided above is true and accurate with the understanding that the estimated amounts are subject to confirmation. If there are any material changes to the information I have provided, I will immediately advise the third party provider and/or complete Form 2R.
- (b) I am obliged to submit Form 7R after I file my tax return for the year to confirm or update the information that I have provided above. If I fail to comply with the confirmation procedures, I understand that payments of tax reimbursements may be suspended until I comply. If, upon review of my Form 7R, the Bank's third party provider determines that I was overpaid tax reimbursement for the current year, the Bank will deduct such overpayments from future payments of tax reimbursement and/or I will be required to repay the Bank the balance of any overpayment that remains due.
- (c) all data and documents included in this request, as well as data and documents submitted as part of the confirmation process, are subject to confirmation by the Bank, which may, at any time, request for verification purposes further documentation, including tax transcripts or other reports from the applicable tax authority.

SIGNATURE:	DATE
SIGNATURE.	DATE