

## 403(b)(7) Distribution Request

This 403(b)(7) Distribution Request Form is used by 403(b) owners and beneficiaries of deceased 403(b) owners to request a distribution from an existing non-ERISA 403(b)(7) custodial account.

**Regular Mail**

Morgan Stanley Funds  
PO Box 219804  
Kansas City, MO 64121-9804

**Overnight Mail**

Morgan Stanley Funds  
801 Pennsylvania Ave, Suite 219804  
Kansas City, MO 64105-1307

**For assistance:**

800-869-6397  
9:00 a.m. - 5:30 p.m. ET, Mon-Fri

**Important Instructions:** To use a fillable form in Windows Edge, please click on the three dots at the upper right of the browser and select "Open with Internet Explorer" which will make the fillable sections appear.

**Fees:** A \$20 fee will be assessed per each fund account for all full liquidations, up to a maximum of \$40.

**You should consult a tax advisor as to the tax consequences of this distribution.**

### Part 1. 403(b)(7) Owner Information

Name	Social Security Number/TIN	Date Of Birth	
Mailing Address	City	State	Zip
Residence Address	City	State	Zip
Email Address	Work Phone Number		
403(B)(7) Account/Plan Number (Required)			
U.S. Citizenship Status (check one):	Citizen	Resident Alien	

### Part 2. Reason For Distribution

**A) Selections subject to mandatory withholding:**

Severance from employment. The name of my former employer was \_\_\_\_\_

Regular due to:

I'm at least 59 ½ but have not reached my 73 year

I have reached my 73 year and already satisfied my required minimum distributions for that year

Death distribution to a spousal beneficiary:

Decedent's name: \_\_\_\_\_

Decedent's date of death: \_\_\_\_\_

Premature Distribution

Death distribution to a non-spousal beneficiary:

Decedent's name: \_\_\_\_\_

Decedent's date of death: \_\_\_\_\_

Disability<sup>1</sup>

Qualified reservist distribution as defined under Internal Revenue Code Section 72(t)

Plan termination by employer

<sup>1</sup>Please attach a letter from your physician, verifying the disability, and dated within the past twelve months.

**B) Selections not subject to 20% mandatory withholding:**

Direct rollover to another 403(b)(7), IRA,<sup>2</sup> Morgan Stanley IRA Fund # \_\_\_\_\_ Account # \_\_\_\_\_, or  
QP due to:

Severance from employment

Regular (I'm at least 59 ½ but have not reached my 73 year)

Death (I'm a spouse beneficiary): Decedent's name and date of death. :

Direct rollover by a nonspouse beneficiary to an Inherited IRA.

Direct rollover to an IRA account outside of Morgan Stanley. Please fill out Part 6 with the name of the receiving financial institution.

**A Medallion Signature Guarantee is required. See Part 11.**

Excess Contribution: Approximate date of excess contribution \_\_\_\_\_ Amount: \_\_\_\_\_

Financial Hardship<sup>3</sup> Employer Signature Required \_\_\_\_\_ Date: \_\_\_\_\_

Substantially equal periodic payments under Internal Revenue Code 72(t) (early distribution penalty exception).

Please base the calculations on:

My life expectancy using the Single Life table

My joint life expectancy with my beneficiary (complete beneficiary information below) using the Joint Life and Last Survivor table

Uniform Lifetime table

Required minimum distribution (I'm in my 73 year or later) Please base the calculations on (check one):

Uniform Lifetime table

Joint Life and Last Survivor table (My spouse is my sole primary beneficiary and is more than 10 years younger than me

Beneficiary's Name, Date of Birth, and Social Security Number \_\_\_\_\_

### Part 3. Fund Name and Dollar Amount to be Distributed

Fund Name / Fund Number	Dollar % To Be Distributed
_____	_____
_____	_____
_____	_____
Total \$ _____	

### Part 4. Amount of Distribution

(Please select only one):

A partial distribution as specified in Part 3

Please close my account

Mandatory distribution as specified in Part 2

<sup>2</sup>Please include the Fund name and Account number. If you intend this to be a direct rollover to a Morgan Stanley IRA, Please be sure that one is already established. If an IRA is not already established, please include a completed IRA application when you return this form.

<sup>3</sup>Please refer to section 403(b)(A)(ii) of the Internal Revenue Code in order to determine whether or not you have encountered financial hardship. By authorizing such a request, you hereby understand that any distribution paid to you prior to your reaching age 59½ may be subject to a 10% premature penalty imposed by the Internal Revenue Service, except for certain medical expenses, in addition to any income tax due on this distribution. Further, you agree to indemnify and hold harmless the Custodian of the account and the applicable Morgan Stanley Funds, Morgan Stanley Distribution, Inc. and its affiliates against any and all claims, liabilities, expense or loss arising out of this determination of financial hardship. Only Elective Deferral Contributions (excluding earnings) are eligible for financial hardship distributions.

## Part 5. Distribution Frequency

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(Please select only one):

As soon as possible

Monthly, on the \_\_\_\_\_ day of each month.

Quarterly, on the \_\_\_\_\_ day of January, April, July and October

Annually, on the \_\_\_\_\_ day of the month \_\_\_\_\_

\* If you do not select a date, the redemption will be made on or about the 18th of the month, provided that the distribution amount requested does not exceed the market value of your account(s).

## Part 6. Payment Method (Please select only one):

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Please transfer to my (non-IRA) Morgan Stanley Fund and Account Number. \_\_\_\_\_

Please rollover funds to my Morgan Stanley IRA as specified in Part 2, Section B.

Please wire to my bank, a voided check is attached.\* (Medallion Signature Guarantee required. See Part 11.)

Please use Direct Deposit to send to my bank account, a voided check is attached.\* (Medallion Signature Guarantee required. See Part 11.)

Please send my direct rollover check to the following institution: (Medallion Signature Guarantee required. See Part 11.)

Please send to the address on my account.

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Name of Financial Institution

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Telephone Number of Institution

Direct Rollover Account Number (Required)

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Street

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City

State

Zip

Please attach a voided check here

\* You must include a voided check from your bank account for this option. Please note that if you have chosen option 4 or 5 you must include a voided check. Your request cannot be processed without it.

## Part 7. Employer Authorization

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Notice: Signature of employer or plan administrator may be required. Generally, authorization is not required if the shareholder indicates having left the employer before January 1, 2009, having made no contributions to the plan after 2008, the distributions is a Required Minimum Distribution, or the company is no longer in existence. Other exceptions may apply, please contact a Morgan Stanley representative for more information.

If no authorization provided, please provide the reason \_\_\_\_\_

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Name of 403(B) Employer

Recordkeeper/403(B) Administrator

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Contact Person

Primary Phone Number

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Mailing Address

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Email

I/we certify that the above named participant/beneficiary is eligible for the distribution requested. I/we hereby authorize the custodian to process the distribution as requested.

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Authorized Signature Of Employer

Date

## Part 8. Withholding Notice and Election (Eligible Rollover Distributions Paid to You) (W-4R - OMB No. 1545-0074) Dept. of Treasury, IRS

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**Notice:** If you are requesting to have an eligible rollover distribution amount paid directly to you (rather than having such amount transferred or directly rolled over to another plan or IRA), the taxable portion of such amounts will be subject to mandatory 20% Federal income tax withholding. You may have more than 20% withheld by checking the box below and writing in a dollar amount. If you are under 59½, you may be subject to an additional 10% IRS early distribution penalty. This penalty is not deducted from the distribution amount.

**Election:** In addition to the mandatory 20% Federal income tax withholding applicable to eligible rollover distribution amounts not rolled over, I want an additional \_\_\_\_\_ % or \$ \_\_\_\_\_ withheld on such amounts

## Part 9. Federal Withholding

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**Mandatory 20% Withholding** – Applies ONLY if the distribution is an “eligible rollover distribution” as described in §402(c) of the Internal Revenue Code and you do not elect to directly roll the monies into another qualified plan, 403(b) or individual retirement account. You understand you will receive only 80% of the payment since the Custodian is required to withhold 20% of the distribution and send it to the IRS as federal income tax withholding to be credited against your taxes. You understand the custodian will not apply voluntary withholding elections and will neither waive mandatory withholding nor apply elections for additional withholding when mandatory withholding is applicable.

**Voluntary Withholding** – Applies ONLY if the distribution is not an “eligible rollover distribution” as described in §402(c) of the Internal Revenue Code. Eligibility is described in the *Rollover Explanation For Qualified Plans and 403(b) Plans - Special Tax Notice Regarding Plan Payments*. Voluntary Federal income tax will be withheld at the rate of 10% from any distribution, subject to the IRS withholding rules, unless you elect a withholding rate of 0% below or have previously elected out of withholding. Tax will be withheld on the gross amount of the payment even though you may be receiving amounts that are not subject to withholding because they are excluded from gross income.

This withholding procedure may result in excess withholding on the payments. If you elect to have no federal taxes withheld from your distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

You understand that your below election will remain in effect until such time as you make a different election with the Custodian.

I elect federal income tax withholding of 0%, do not withhold federal income tax from my distributions.\*

I elect federal income tax withholding of \_\_\_\_\_ % must be a whole percent, you may elect any rate from 1% to 100%.\*

See the attached Form W-4R Withholding Certificate which has the **Marginal Rate Tables** and **"Suggestion for determining withholding"** instructions. You may use these tables and instructions to help you select the appropriate withholding rate.

\*Generally, you can't elect less than 10% federal income tax withholding for payments to be delivered outside the United States and its possessions.

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## Part 10. State Withholding Notice and Election

Complete this part only if you are a resident of one of the states below.

**State Income Tax Withholding: Applicable ONLY to AR, CA, CT, DC, DE, IA, KS, ME, MA, MI, MS, NE, NC, OK, OR, VT, VA.** The custodian is required to withhold part of your distribution for state income tax. For most of these states if federal taxes are withheld mandatory tax withholding will apply, unless you check do not withhold below. Your state may have its own requirements to opt out of mandatory state tax withholding (Ex. Michigan requires its own form: MI W-4P), consult with your tax advisor or refer to your state's tax laws for more information before making your decision. **If no election is made, the custodian is required to withhold taxes at the applicable rate. In some instances state taxes will be withheld regardless of your election below.**

For the above referenced states only.

Withhold at the mandatory rate. If you would like additional state withholding, provide a dollar amount here

(do not indicate a percentage): \$ \_\_\_\_\_

DO NOT withhold state income tax.

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## Part 11. Acknowledgement

I certify that I am the proper party authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, the Sponsor, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, the Sponsor, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form. I have received, read, understand and agree to be legally bound by the terms of this form. By completing this form, I am affirmatively electing to waive the 30 day notification period as described in the Rollover Explanation For Qualified Plans and 403(b) Plans - Special Tax Notice Regarding Plan Payments.

Substitute W-9 - Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, 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 (as defined in the Form W-9 instructions found at [www.irs.gov](http://www.irs.gov)).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out item 2 above if the IRS has notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of 403(b)(7) Owner (or other authorized person)

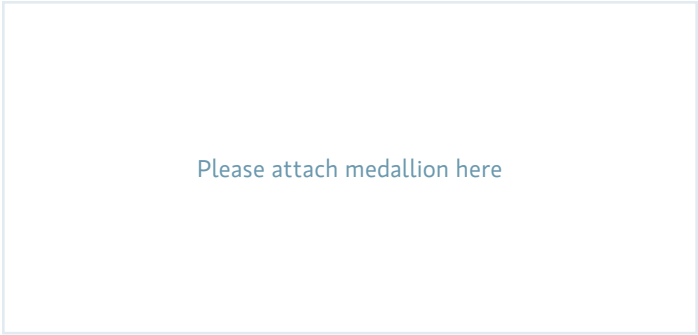
Date

A Medallion Signature Guarantee is required if you are a beneficiary taking a death distribution, or your check is to be sent to an address other than the address on record.

Each Signature must be Medallion Guaranteed by a bank, broker-firm, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the Stamp program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. If you are unable to obtain a Medallion Guarantee a Signature Guarantee may be accepted, additional documentation may be necessary, please call Morgan Stanley Client Services for further information. A notary public cannot provide a signature guarantee, and a notarization cannot be accepted in lieu of a signature guarantee.

A Medallion Signature Guarantee Stamp is required if your redemption is:

- Sent by check to your address, if the address has been updated within the last 15 calendar days.
- Sent to an alternate payee, or address other than the address on your account.
- Sent via wire or ACH to banking instructions that were not previously on your account.
- Or if this request is being signed by the account owner's Power of Attorney.
- The redemption is over \$50,000.



U.S. Customer Privacy Notice

FACTS	WHAT DOES MSIM DO WITH YOUR PERSONAL INFORMATION?	
WHY?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
WHAT?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"><li>▪ Social Security number and income</li><li>▪ investment experience and risk tolerance</li><li>▪ checking account information and wire transfer instructions</li></ul>	
HOW?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons MSIM chooses to share; and whether you can limit this sharing.	
REASONS WE CAN SHARE YOUR PERSONAL INFORMATION		
DOES MSIM SHARE?	CAN YOU LIMIT THIS SHARING?	
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes—to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share

REASONS WE CAN SHARE YOUR PERSONAL INFORMATION	DOES MSIM SHARE?	CAN YOU LIMIT THIS SHARING?
For our affiliates' everyday business purposes—information about your transactions and experiences	Yes	No*
For our affiliates' everyday business purposes—information about your creditworthiness	Yes	Yes*
For our affiliates to market to you	Yes	Yes*
For nonaffiliates to market to you	No	We don't share

<b>TO LIMIT OUR SHARING</b>	<p>Call toll-free (844) 312-6327 or email: <a href="mailto:imprivacyinquiries@morganstanley.com">imprivacyinquiries@morganstanley.com</a></p> <p><b>Please note:</b></p> <p>If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
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<b>QUESTIONS?</b>	Call toll-free (844) 312-6327 or email: <a href="mailto:imprivacyinquiries@morganstanley.com">imprivacyinquiries@morganstanley.com</a>
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<b>WHO WE ARE</b>	
<b>Who is providing this notice?</b>	Morgan Stanley Investment Management Inc. and its investment management affiliates ("MSIM") (See Affiliates definition below.)

<b>WHAT WE DO</b>	
<b>How does MSIM protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We have policies governing the proper handling of customer information by personnel and requiring third parties that provide support to adhere to appropriate security standards with respect to such information.
<b>How does MSIM collect my personal information?</b>	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>▪ open an account or make deposits or withdrawals from your account</li> <li>▪ buy securities from us or make a wire transfer</li> <li>▪ give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>▪ sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>▪ affiliates from using your information to market to you</li> <li>▪ sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. (See below for more on your rights under state law.)</p>
<b>What happens when I limit sharing for an account I hold jointly with someone else?</b>	Your choices will apply to everyone on your account.

<b>DEFINITIONS</b>	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ <i>Our affiliates include registered investment advisers such as Eaton Vance Management and Calvert Research and Management, registered broker-dealers such as Morgan Stanley Distributors Inc. and Eaton Vance Distributors, Inc., and registered and unregistered funds sponsored by Morgan Stanley Investment Management such as the registered funds within Morgan Stanley Institutional Fund, Inc. (together, the "Investment Management Affiliates"); and companies with a Morgan Stanley name and financial companies such as Morgan Stanley Barney LLC and Morgan Stanley &amp; Co. (the, "Morgan Stanley Affiliates").</i></li> </ul>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>▪ <i>MSIM does not share with nonaffiliates so they can market to you.</i></li> </ul>
<b>Joint marketing</b>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>▪ <i>MSIM doesn't jointly market.</i></li> </ul>

<b>OTHER IMPORTANT INFORMATION</b>
<p><b>* PLEASE NOTE:</b> MSIM does not share your creditworthiness information or your transactions and experiences information with the Morgan Stanley Affiliates, nor does MSIM enable the Morgan Stanley Affiliates to market to you. Your opt outs will prevent MSIM from sharing your creditworthiness information with the Investment Management Affiliates and will prevent the Investment Management Affiliates from marketing their products to you.</p> <p><b>Vermont:</b> Except as permitted by law, we will not share personal information we collect about Vermont residents with Nonaffiliates unless you provide us with your written consent to share such information.</p> <p><b>California:</b> Except as permitted by law, we will not share personal information we collect about California residents with Nonaffiliates and we will limit sharing such personal information with our Affiliates to comply with California privacy laws that apply to us.</p>

**Substitute W-4R 2026 - Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions – For use with 403(b) ONLY**

Where instructed to provide your withholding election on “line 2” use the space provided on the attached form under “Federal Income Withholding Election.”

For an eligible rollover distribution, the withholding rate is 20%. You may not elect a different rate.

**2026 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 below for more information on how to use this table.

Single or Married filing Separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%
* If married filing separately, use \$400,450 instead for this 37% rate.					

**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](http://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 from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See below for the rules and options that are available for each type of payment.

**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.

**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 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**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 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 above 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 \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, 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 \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter “19” on line 2.