

STATE INCOME TAX VOLUNTARY WITHHOLDING REQUEST FORM FOR

(Upon completion, submit to your Claim Office)

Type or print full name

Social Security No.

Home address (number and street)

City, State, Zip Code

Employer

Account Number

Enter the whole dollar amount that you wish withheld each month from sick pay/disability payment.

I request voluntary State Income Tax withholding from my sick pay/disability payments; in conjunction with this I have submitted the W-4S form to a Field Claim Office.

(Signature of Payee)

(Date)

Who may file: Any recipient of sick pay/disability payments may file this form to have State Income Tax withheld from their payment(s).

Where and How to file: File this form with your Claim Office. *Enter the whole dollar amount that you wish withheld each month. However, this amount must not be less than \$5 per month nor should it reduce the amount of the sick pay/disability payment you receive to less than \$10 a month.

Duration of Withholding Request: Your request for voluntary withholding will remain in effect until you terminate it.

How to terminate a Withholding Request: You may terminate, at any time, your request for voluntary withholding by giving your Claim Office a written termination notice.*

*A request for withholding of State Income Tax from your sick pay/disability payment or notice to terminate such withholding need not be accepted by the Claim Office unless a request for withholding of Federal Income Tax to terminate has also been filed with the Claim Office.

STATE Withholding Form. doc (12/11/2001)