



STATE INCOME TAX WITHHOLDING ELECTION FORM

Name: _____ Last 4 digits of SSN: _____

***PLEASE INDICATE STATE OF LIABILITY HERE: _____

(This is the state where you live and pay taxes.)

Complete the state income tax withholding information that follows. If you do not provide the information requested, you may be responsible for state income taxes based on the requirements of your state of residence. Your withholding amount may not be your final taxable amount.

Please select one of the following options ONLY if you live in a state where state income tax applies, and you are electing state tax to be withheld. Consult a financial and/or tax advisor for guidance on your state tax laws.

I request that you withhold \$ _____ for state income tax each month.

I request that you withhold state tax based on my marital status and number of exemptions.

Marital Status: Single Married

of Exemptions: _____

I request that you withhold state tax based on my marital status and number of exemptions and an additional amount each month.

Marital Status: Single Married

of Exemptions: _____

Additional Amount: \$ _____

I request that NO state tax be withheld.

DATE: _____ SIGNATURE: _____

(No electronic signatures accepted.)