

## STATE TAX WITHHOLDING REQUEST

**<u>STATE INCOME TAX WITHHOLDING</u>** - Check with your state tax authority or your tax advisor on whether you must withhold for state taxes and, if so, how to determine the amount. It is your responsibility to tell the Plan how much to withhold.

Print your First Name and Middle Initial	Last Name	Last 4 digits of Social Security Number
Home Address (number and street or rural route)		Phone Number
City or Town, State, and ZIP code		

I elect to withhold \$\_\_\_\_\_ per month for state tax withholdings.

Specify state

YOUR SIGNATURE

DATE 🕨

THIS FORM IS <u>NOT</u> VALID UNLESS YOU SIGN IT

Sheet Metal Workers' National Pension Fund 3180 Fairview Park Suite 400 Falls Church, VA 22042 <u>www.smwnpf.org</u>, 1-800-231-4622 EIN 52-6112463/Plan No. 001