Benefit Payment Services P.O. Box 92904 Chicago, IL 60675-2904



STATE INCOME TAX WITHHOLDING ELECTION MARTA

NAME:SS#:	
**PLEASE INDICATE STATE OF LIABILITY HERE:	
f you are a resident of Alaska, Florida, Hawaii, Mississippi, Nevada, Hampshire, South Dakota, Tennessee, Texas, Washington, or Wyon blease disregard this form.	
f you are a resident of Kansas, Maine, Massachusetts, or Vermont stat withholding is mandatory if you have elected federal income tax withholding voluntary if you have not elected federal withholding. Please make your elected.	g and
f you are a resident of California, Delaware, Georgia, Iowa, Louis Oklahoma, or Oregon state tax withholding is mandatory unless you elect o have state withholding. Please make your election below.	
f you are a resident of Alabama, Arkansas, Arizona, Colorado, Connecto District of Columbia, Idaho, Illinois, Indiana, Kentucky, Maryland, Michi Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, York, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Isl South Carolina, Utah, Virginia, Wisconsin, or West Virginia, state incomwithholding is voluntary. Indiana, Missouri, and New Jersey permit adollar election only. Please make your election below.	igan, New land, le tax
I request that you withhold \$ for state income to	ах.
I request that you withhold state tax based on my marital status ar number of exemptions.	nd
Marital Status: (1=Single, 0=Married) # of Exemptions:	
I request that <u>NO</u> state tax be withheld.	
DATE:SIGNATURE:	