



# OE3 Trust Funds

Health. Security. Service.

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Operating Engineers Trust Funds  
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## STATE WITHHOLDING ELECTION FORM

**Instructions:** Before completing this form, please read the Federal Tax Withholding form, W-4P.

<b>Step 1</b>	Type or Print Your Full Name		Your Social Security Number — —	
	Home Address (number and street or rural route)		Phone Number ( ) —	
	City	State	Zip Code	
<b>Step 2</b>	I am a resident of _____. <b>Your state</b>			
	Please check only one box: <input type="checkbox"/> I <b>do NOT</b> want state income tax withheld from my monthly pension. <input type="checkbox"/> I <b>do</b> want state income tax withheld from my monthly pension.			
	If you <b>do</b> want state income tax withheld from your monthly pension, please complete the section below to specify which type of withholding you are requesting.			
	If you have checked the box to withhold taxes above, you can have tax withheld in two ways: • The dollar amount you specify (whole dollars only), • or an amount equal to 10% of the amount of federal taxes being withheld.			
	• (Select only <b>one</b> .)			
<b>Step 3</b>	<b>Please complete either A, B or C (Select only one.) Signature Required</b>	<b>A</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married	Number of Exemptions claimed: _____
		<b>B</b>	Dollar amount to be withheld from each monthly payment (flat amount):	\$ _____
		<b>C</b>	Please withhold in an amount equal to 10% of the amount of Federal withholding (please see form W-4P)	Check here to select option B _____
		Sign Here:		Date: