

 **Operating Engineers Trust Funds**

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**STATE WITHHOLDING ELECTION FORM**

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

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| --- | --- | --- |
| Step 1 | Type or Print Your Full Name | Your Social Security Number — — |
| Home Address (number and street or rural route) | Phone Number( ) — |
| City | State | Zip Code |
| Step 2 | I am a resident of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. *Your state* |
| Please check only one box: 🞏 I **do NOT** want state income tax withheld from my monthly pension. 🞏 I **do** want state income tax withheld from my monthly pension. If you **do** 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 three ways:* The number of exemptions using the State tax chart,
* a flat dollar amount you specify (whole dollars only),
* or an amount equal to 10% of the amount of federal taxes being withheld.
 |
| * (Select only **one**.)
 |
| **Please complete either A, B or C**(Select only **one**.)Signature Required |
| A |  🞏 Single 🞏 Married | Number of Exemptions claimed:  \_\_­\_\_\_\_\_ |
| B | Dollar amount to be withheld from each monthly payment (flat amount): |  $ **\_\_\_\_\_\_\_**\_\_\_\_ |
|  |  | C | Please withhold in an amount equal to 10% of the amount of Federal withholding (please see form W-4P) | Check here toselect option C **\_\_\_\_\_\_** |
| **Step 3** | Sign Here: Date: |