



OE3 Trust Funds

Health. Security. Service.

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STATE WITHHOLDING ELECTION FORM

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

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 _____. <i>Your state</i>				
	Please check only one box: <input type="checkbox"/> I do NOT want state income tax withheld from my monthly pension. <input type="checkbox"/> 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, you can have taxes withheld in three ways: <ul style="list-style-type: none">• The withholding based on Exemptions claimed.• A dollar amount you specify (whole dollars only),• or an amount equal to 10% of the amount of federal taxes being withheld.				
	If you want taxes withheld, complete ONLY ONE – A or B or C				
	Please complete either A, B or C If you want taxes withheld. (Select only one .) Signature Required	A	<input type="checkbox"/> Single <input type="checkbox"/> 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 to select option C _____		
This form must be signed.					
Step 3	Sign Here:		Date:		