

**Operating Engineers Trust Funds**

**PO Box 23190, Oakland CA 94623-0190**

**1141 Harbor Bay Parkway Ste 100**

**Alameda CA 94502**

**P 800-251-5014 • F 510-545-4937 •** [**www.oe3trustfunds.org**](http://www.oe3trustfunds.org)

**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 to  select option C **\_\_\_\_\_\_** | |
| **Step 3** | Sign Here: Date: | | | | | |