

STATE TAX ELECTION FORM FOR PERIODIC PAYMENTS

STATE INCOME TAX WITHHOLDING

STATE TAX IS <u>MANDATORY</u> FOR THE FOLLOWING STATES WHEN THERE IS FEDERAL TAX ELECTION:

Arkansas, Connecticut, Delaware, Iowa, Kansas, Maine, Maryland, Massachusetts, Mississippi, Nebraska, North Carolina, Oklahoma, Vermont, Virginia, and Washington DC

STATE TAX IS MANDATORY WHEN THERE IS A FEDERAL TAX ELECTION UNLESS THE PAYEE ELECTS OUT FOR THE FOLLOWING

STATES: California, Connecticut, Georgia, Michigan, and Oregon

Withholding State: _____

Please check the appropriate box:

A. U Please check here if you **do not want** any state income tax withheld from your pension or annuity.

B. I Fixed monthly dollar amount: \$______ C. Please calculate and withhold: Marital Status: I Single Married Number of allowances: Additional amount ((if any)) \$:_____

Please contact your adviser to determine your income tax withholding requirements. If you have chosen a withholding option that is not supported by the mandatory withholding requirements of your state, themandatory withholding requirement will be used in calculating your state income tax deduction.

RECIPIEI	NT INFORMATION (please p	rint clearly)	
Participant Name		Ge	nder 🛛 Male 🔲 Female
Participant Social Security No.			
No. and Street	Apt	🖵 Unit 🗖	Suite 🗖 Floor
City		State ZIP	
Area Code and Telephone No	Email Address		
Participant Signature			Date
Please complete and return this form by email, fax o	or mail to:		
Email	Fax	Mail	
			$\left \right\rangle$
retirement@aftraretirement.org	Fax: (212) 499-4928	AFTRA Retirement Fund Retirement Services Department 261 Madison Avenue, 7th Floor New York, NY 10016	