dodea pacific

State Withholding Request Form

SOCIAL SECURITY NUMBER

_____ - _____ - _____

MARITAL STATUS

○ SINGLE ○ MARRIED

FIRST NAME *(PLEASE PRINT CLEARLY)* M.I. LAST NAME *(PLEASE PRINT CLEARLY)*

_____ ____ _____

ADDRESS

_____

CITY STATE ZIP CODE

_____ _____ _____

STATE WITHHOLDING INFORMATION

1. LIST THE STATE THAT YOU WOULD LIKE STATE TAXES TO BE WITHHELD _____
2. ADDITIONAL AMOUNT, IF ANY, YOU WANT WITHHELD FROM EACH PAY PERIOD _____.00
   (ENTER IN WHOLE DOLLARS)
3. TOTAL NUMBER OF EXEMPTIONS _____
4. I CERTIFY THAT I AM EXEMPT FROM WITHHOLDING BECAUSE MY RESIDENT STATE DOES NOT IMPOSE SUCH TAXES ☐ CHECK HERE

   _____
   (ENTER STATE OF RESIDENCE)

I CERTIFY, UNDER PENALTIES PROVIDED BY LAW, THAT I AM ENTITLED TO THE NUMBER OF WITHHOLDING ALLOWANCES CLAMED ON LINE 3 ABOVE, OR IF CLAIMING EXEMPTION FROM WITHHOLDING, THAT I AM ENTITLED TO CLAIM THE EXEMPT STATUS ON LINE 4.

EMPLOYEE SIGNATURE _____ DATE _____