

**United Food and Commercial Workers
and Food Employers Labor Relations Association
Severance Plan**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

*A Program of the
FELRA and UFCW
VEBA Fund*

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

*****NOTE: THIS FORM MUST BE RETURNED TO THE FUND OFFICE WITH YOUR SEVERANCE APPLICATION REGARDLESS
OF WHETHER OR NOT WITHHOLDINGS ARE ELECTED*****

SEVERANCE FUND FEDERAL TAX WITHHOLDING FORM

COMPLETE SECTION A.

COMPLETE SECTION B. Enter the amount you want withheld.

The amount:

- (1) Must be in **whole dollars** or a percentage
- (2) If no withholdings are requested, enter zero (0) and return the form signed and dated.

This is a substitute for the IRS Form W-4 Withholding Certificate.

Caution: You may be subject to a penalty if your tax payments during the year are not at least 80% of the actual tax liability as shown on your Form 1040A.

STATEMENT OF INCOME TAX WITHHELD:

You will receive a Form W-2 by January 31st of the next year. The form will show the gross payment and the total income tax withheld during the calendar year.

REQUEST FOR FEDERAL INCOME TAX WITHHOLDING SEVERANCE

Section A.

Type or Print Full Name

Social Security Number

Home Address (Number and Street)

City

State

Zip Code

Section B.

Enter the amount or percentage to be withheld from your payment: \$ _____

I request voluntary income tax withholding from my payment as authorized by Section 3402(0) of the Internal Revenue Code.

Signature

Date