

Acme Separation Payment Process

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

SEVERANCE FUND MARYLAND STATE 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.

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 MARYLAND STATE 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