

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

911 Ridgebrook Road
Sparks, Maryland 21152-9451
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(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: THESE FORMS 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