



**Warehouse Employees Union Local No. 730  
Pension Trust Fund**

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**NOTE: THIS FORM MUST BE RETURNED REGARDLESS OF WHETHER OR NOT WITHHOLDING IS ELECTED.**

**PENSION STATE TAX WITHHOLDING FORM**

**WHO MAY FILE:**

Recipients of Pensions or Annuities may file this form to request that State income tax be withheld from each monthly pension payment. Your request for withholding is voluntary.

**COMPLETING AND FILING THIS FORM:**

1. Complete Section A.
2. Complete Section B. Enter the amount you want withheld from each payment. The Amount:
  - (1) Must be in **whole dollars** (example: \$35.00 Not \$34.50)
  - (2) Must NOT be less than \$5.00 per month.
  - (3) Must NOT reduce the net amount of your pension/annuity payment to less than \$10.00.
  - (4) If no withholdings are requested, enter zero (0), sign, date and return form.

**ANNUITANT'S REQUEST FOR STATE INCOME TAX WITHHOLDING  
PENSION**

**Section A**

Type or Print Full Name	Social Security Number	
Home Address (Number and Street)		
City	State	Zip Code

**Section B**

Enter the amount to be withheld from each annuity/pension payment.....\$ \_\_\_\_\_

I request voluntary income tax withholding from my annuity/pension payments as authorized by Section 3402(o) of the Internal Revenue Code.

Signature of Annuitant	Date
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