



U.S. Postal Service
Request for State Income Tax Withholding

Name	Social Security No.	Marital Status
Street Address	Employing Office	<input type="checkbox"/> Single
City, State, and ZIP Code	Finance Number	<input type="checkbox"/> Married

I certify that I live in the state/district of _____ and that no state income tax is being withheld from my pay. I hereby request and authorize withholding from my pay to the said state/district for payment of income tax. The amount is to be determined by using the applicable withholding tables or approved withholding formula:

Total Number of Allowance You Are Claiming 		
Additional Amount You Want Deducted From Each Pay 	\$	
Signature of Employee	Date of Request	Effective Date

Privacy Act Statement

The collection of this information is authorized by 39 USC 401, 1003, 5 USC 8339. It will be used to withhold state taxes from your wages. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecution proceedings, to a congressional office at your request, to the OMB for review of private relief legislation, and where pertinent, in a legal proceeding to which the Postal Service is a party. Completion of this form is voluntary; however, if this information is not provided, state taxes will be withheld from your wages at the maximum rate.