

Sheet Metal Workers' Pension Plan
of Southern California, Arizona Nevada
P.O. Box 10067, Manhattan Beach, CA 90267-9901

ANNUAL NOTICE OF PENSION BENEFIT TAX WITHHOLDING

IF you want to **change** the amount being withheld from your monthly pension check for Federal and/or California State Tax withholding, please complete and return this form to the address listed above. Forms received by the 19th of the month will be changed for the next months' benefit payment.

Please complete **ONLY ONE** of the following below:

If you complete more than one or if we are unable to determine your request, this form will be returned to you. Thank you.

- | | <u>Federal</u> | <u>State of CA</u> |
|---|--------------------------|--------------------------|
| 1. I <u>DO NOT</u> want income tax withheld, or | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I want taxes taken out of my monthly check based on:
Married <input type="checkbox"/> Single <input type="checkbox"/> Number of exemptions: _____ or, _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Total amount I want withheld from my monthly check is: \$ _____ | \$ _____ | \$ _____ |

Please Note: If you **do not want to change** your tax withholding, please **do not return this form**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____
Is this a New Address? Yes No

Telephone Number: (____) _____ Soc Sec No: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Note: If 13) PR

14) P7 mandatory 20% Federal tax or higher

Eff. Date: _____