



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

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STATE INCOME TAX WITHHOLDING ELECTION

State: _____
(Please specify State)

Please Elect One:

- Please withhold State income tax from my distribution at the rate of 10% of the amount withheld in Federal Income Tax.
- Please withhold \$ _____ from my distribution in State Income Tax.
- Please DO NOT withhold any State Income Tax from my distribution.

Signature: _____ Date: _____