



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

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State Tax Withholding Election

ONLY FOR RESIDENTS OF CALIFORNIA, OREGON, OR NEW MEXICO

Name _____ SSN _____

Address _____

City _____ State _____ Zip Code _____

Please elect **one** of the options below:

() I do not want any state income tax withholding.

() I want state income tax withholding as indicated below:

Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at Single Rate

Number of exemptions claimed: _____

() Please withhold state income tax in the amount of \$_____ per month.

Signature: _____ Date: _____