



**CARPENTERS
SOUTHWEST
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CORPORATION**

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STATE TAX WITHHOLDING FORM

Please complete this form to update your state tax withholding election for your monthly Pension benefit payment. **Be sure to complete the proper state section applicable to you.**

Name: _____

Alternate ID/SSN: _____

CALIFORNIA STATE TAX WITHHOLDING ELECTION

Select one of the options below.

- I do **NOT** want California state tax withheld from my monthly benefit payment.
- Please withhold a monthly flat dollar amount of \$_____ from my benefit.
- Please withhold the monthly percentage of _____% from my benefit.

OREGON STATE TAX WITHHOLDING ELECTION

Select one of the options below.

- I do **NOT** want Oregon state tax withheld from my monthly benefit payment.
- Please withhold a monthly flat dollar amount of \$_____ from my benefit.
- Please withhold the monthly percentage of _____% from my benefit.

Participant Signature: _____

Date: _____

You may change or revoke a previously filed election by filing a new *State Tax Withholding Form*. Please complete and return the form to the address above, or scan and email to Web-Pen@carpenterssw.org.