



FINANCIAL SERVICES  
FOR THE GREATER GOOD

# STATE INCOME TAX Withholding Election Instructions

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## **STOP** IMPORTANT INFORMATION PLEASE **READ BEFORE** FILLING OUT FORM

**QUESTIONS?** For account information, to check the status of your request or any other questions, **call: 800 842-2252**, Monday - Friday, 8 AM - 10 PM ET, Saturday, 9 AM - 6 PM ET, OR visit **tiaa-cref.org 24 hours daily**. Have your user ID and password ready.

You reside in a state that allows you to have state income tax withholding on a voluntary basis, therefore, completing this withholding form is optional. However, if you would like to have state income tax withheld from your payments, use this form to indicate that you want state tax withheld according to a specific dollar amount or percentage of the taxable portion of the payment.

**Payments that are directly rolled over to an IRA or another retirement plan are not subject to state income tax withholding. Therefore, if your payments are being rolled over, no further action is required.**

For cash payments ONLY, please keep in mind:

- There may be penalties for not paying enough state income tax during the year, either through withholding or estimated tax payments.
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# STATE INCOME TAX Withholding Election Form

## STEP ONE VOLUNTARY STATES THAT ALLOW FOR WITHHOLDING

**NOTE:** Please select the state which you currently reside and for which you are requesting voluntary state tax withholding.

- ALABAMA
- ARIZONA
- COLORADO
- CONNECTICUT
- DISTRICT OF COLUMBIA
- IDAHO
- ILLINOIS
- INDIANA
- KENTUCKY
- LOUISIANA
- MINNESOTA
- MISSOURI
- MONTANA
- NEW JERSEY
- NEW MEXICO
- NEW YORK
- NORTH DAKOTA
- OHIO
- PENNSYLVANIA
- RHODE ISLAND
- SOUTH CAROLINA
- UTAH
- WEST VIRGINIA
- WISCONSIN

## STEP TWO

**Please print in all capital letters using black or dark blue ink.**  
This form may only be completed for one plan and one contract. If you have multiple plans and/or multiple contracts, you must complete multiple withholding forms.

### PERSONAL INFORMATION

Name \_\_\_\_\_  
*first middle initial last*

TIAA #  

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CREF #  

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**NOTE:** Please indicate the contract number to which your tax election will apply. **DO NOT USE DASHES.**

### TIAA-CREF CONTRACT

### PLAN INFORMATION

The Plan and Sub Plan numbers should have been provided to you. **If you don't have them, please contact us at 800 842-2252**

Plan Name \_\_\_\_\_

Plan #  

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Sub Plan #  

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## STEP THREE WITHHOLDING ELECTION

- I want the following dollar amount withheld from each payment: \$ \_\_\_\_\_
- OR**
- I want the following percentage withheld from the taxable portion of each payment: \_\_\_\_\_ %
- Do not withhold

## STEP FOUR

### YOUR SIGNATURE



Your Signature \_\_\_\_\_

Today's Date \_\_\_\_\_  
*mm/dd/yyyy*

The form will become effective with your next available payment. You may revoke this election at any time by filing a new state income tax withholding election form with TIAA-CREF.

