

Plumbers and Steamfitters Local 21 Pension Fund

New York State Tax Withholding Form

- I do **NOT** wish to have New York State Income Tax withheld from my pension check
- I **DO** wish to have New York State Income Tax withheld from my Pension Check.
Please make specific deduction below.

Monthly Amount \$ _____ (whole dollars)

Name _____ **SSN/Tax ID** _____

Signature _____ **Date** _____

If you wish to make changes to your New York State Income Tax withholding at any time, simply call the Fund Office at 914-737-7220.