



Utah Pipe Trades Trust Funds

Pension
Health and Welfare

STATE TAX WITHHOLDING ELECTION ON MONTHLY ANNUITY PAYMENTS

Name: _____ SSN: _____

Address: _____

Complete the following applicable lines.

Note: If you are not a U.S. citizen, do not complete this page, but complete form W-8BEN)

STATE TAX WITHHOLDING ELECTION ON MONTHLY ANNUITY PAYMENTS	
OPTION 1	
Check here if you do not want any State Income Tax withheld from your benefit (do not complete the lines below)	<input type="checkbox"/>
OPTION 2	
a) Total number of allowances (or exemptions) you are claiming for withholding on each payment	<input type="text"/>
b) Marital Status for Calculating withholding	
<input type="checkbox"/> Single	
<input type="checkbox"/> Married	
<input type="checkbox"/> Married but withhold at higher "Single" Rate	
OPTION 3	
If no elections are made above, enter a fixed amount you want withheld from each payment	\$ <input type="text"/>

Signature _____

Date _____