

NEW HAMPSHIRE EMPLOYMENT SECURITY



ELECTION FORM FOR WITHHOLDING OF FEDERAL INCOME TAX

NAME	Ī:		SO	CIAL SECURIT	Y: #								
		Print Name)											
HOME	E ADDRESS:					_							
		Street/Apartment				_							
City	r/Town	State	Zip Co	de									
As an	individual fi	ling for unemployme	ent compensa	tion, please be	advis	sed	that:						
[1)	Unemploym	nent Compensation i	s subject to F	ederal Income	Tax;								
(2)	It may be n	ecessary for you to	make estimat	ed tax paymer	nts;								
(3)	deducted a	nuary 1, 1997, you nd withheld from yo r gross weekly bene	our unemployr	ment compens	ation.	The	e sta	nda	rd ra	te of	ded	ucti	ion i
(4)	Upon written request, you may change your withholding election. Your request to change of terminate your election must contain your name, social security number, home address, and signature.												
[5)	The effective date of your election is the date on which the department enters your election into its automated benefit system, and it only applies to payments made after that date.												
nstru	ctions:												
	•	ust indicate whether pensation checks is	•	leral Income Ta	ax de	duct	ed a	nd v	vithh	eld fr	om f	utu	re
		our selection by p his form to the De) in the appro	opria	te k	oox l	belc	w. Y	∕ou ı	mus	t si	gn,
	Yes, I want check(s).	Federal Income Tax	k deducted an	d withheld fron	n my	une	emplo	oym	ent c	omp	ensa	tion	
	No, I do not compensation	want Federal Incor on check(s).	me Tax deduc	ted and withhe	eld fro	om n	ny ui	nem	ployı	ment			
our S	ignature:												
[oday]	s Date·	/ /											