



**CARPENTERS
SERVICES
ADMINISTRATIVE
CORPORATION**

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csacbenefits.org

STATE TAX WITHHOLDING FORM

Please complete this form to update your state tax withholding election for your monthly 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 a 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.

(If you check Yes below but do not fill in an amount or percentage, 9% state tax will be automatically withheld from your payments.)

- I do NOT want Oregon state tax withheld from my monthly benefit payment.
- Please withhold a monthly a 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 election. Please fill and return the form to the address above, or scan and E-mail to Web-Pen@csacbenefits.org.