DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE COMMISSIONED CORPS

REQUEST FOR VOLUNTARY STATE INCOME TAX WITHHOLDING FROM RETIRED PAY

Based on the following information, I voluntarily request that State income tax be withheld from my Public Health Service Commissioned Corps retired pay by the Compensation Branch, Office of Commissioned Corps Support Services.

FULL NAME	(Print or type)

CURRENT MAILING ADDRESS	(Street Address, Apt. Number)
	(City, State, ZIP)

SOCIAL SECURITY NUMBER				—			—				

AMOUNT TO WITHHOLD MONTHLY	$ .00

NOTE: (1) The amount to withhold must be an even dollar amount.
(2) The amount to withhold must not be less than $10.00 a month.
(3) The amount to withhold must not be less than the State's minimum withholding amount if that amount is higher than $10.00 a month.

NAME STATE DESIGNATED TO RECEIVE THE ABOVE AMOUNT	

SIGNATURE	DATE

Please return this form to:

Office of Commissioned Corps Support Services
ATTN: Compensation Branch
5600 Fishers Lane, Room 4-50
Rockville, MD 20857-0001

PRIVACY ACT NOTICE

System of Records: 09-40-0001, "PHS Commissioned Corps General Personnel Records," HHS/PSC/HRS and 09-40-0010, "Pay, Leave and Attendance Records," HHS/PSC/HRS.

General: This statement is provided pursuant to the Privacy Act 1974 (5 U.S.C 552a). Our authority to collect this information is 37 U.S.C 403; 42 U.S.C 202 et seq.; and Executive Order 9397.

Purposes and Uses: The information you supply will be used to fulfill your request for voluntary State income tax withholding from your retired pay.

Effects of Nondisclosure: Disclosure of your Social Security Account Number (SSAN) is mandatory. The SSAN is requested for identification purposes. Failure to supply complete and accurate information may result in delays and/or denial of request.