



**Northern California Plasterers Trust Funds**  
 Health & Welfare Trust Fund, Pension Plan and Plasterers Local 66 Supplemental Pension Trust  
 4160 Dublin Boulevard, Suite 400, Dublin, CA 94568-7756  
 Toll Free: 1-(844) 663-8121 \* Fax: 1-(925) 833-7301  
 Email: [plasterersinfo@hsba.com](mailto:plasterersinfo@hsba.com)



## FEDERAL & STATE TAX WITHHOLDING FORM

**Payments** from your Pension Plan are subject to Federal and State income tax withholding. To elect not to have tax withheld, check the appropriate box and sign the Declaration below. To have incometax withheld by the Plan, check the appropriate box below and designate the specific dollar amount of taxes you would like withheld or designate your withholding status.

### DECLARATION REGARDING WITHHOLDING

#### Federal Tax

- I do not want income tax withheld from my Pension Plan payments.
- I want income tax withheld from my Pension Plan payments in accordance with my instructions. Please withhold the amount I have designated monthly from my pension payments  
Amount: \$ \_\_\_\_\_
- Please withhold taxes from the tax table under the status I have listed
  - Married          No. Of Exemptions \_\_\_\_\_
  - Single            No. Of Exemptions \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### State Tax

- I do not want income tax withheld from my Pension Plan payments.
- I want income tax withheld from my Pension Plan payments in accordance with my instructions. Please withhold the amount I have designated monthly from my pension payments  
Amount: \$ \_\_\_\_\_
- Please withhold taxes from the tax table under the status I have listed
  - Married          No. Of Exemptions \_\_\_\_\_
  - Single            No. Of Exemptions \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Print

Name \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Group Name/Union \_\_\_\_\_

Address \_\_\_\_\_

Street Address

Apt #

\_\_\_\_\_



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City

State

Zip Code

REV 110116