

REQUEST FOR CHANGE IN WITHHOLDING STATUS

Name (Please Print)

Social Security Number

Date

Home Address: _____

- I request that my tax withholding status be changed so that 10% of my weekly benefits be withheld and forwarded to the Internal Revenue Service to help offset my future tax liability. I understand that I can stop the withholding by writing to the Division of Unemployment Insurance. I also understand that any monies withheld cannot be returned except by the federal government as part of a federal income tax refund.
- I request that tax withholding from my future unemployment benefits be stopped.

Signature: _____

Date: _____

MAIL THIS FORM TO:

NEW JERSEY UNEMPLOYMENT INSURANCE

PO BOX 908

TRENTON, NJ 08625-0908