

U.S. Postal Service
Request for State Income Tax Withholding

Name	Social Security No.	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Street Address	Employing Office	
City, State, and ZIP Code	Finance Number	

I certify that I live in the state/district of _____ and that no state income tax is being withheld from my pay. I hereby request and authorize withholding from my pay to the said state/district for payment of income tax. The amount is to be determined by using the applicable withholding tables or approved withholding formula:

Total Number of Allowance You Are Claiming	▶	
Additional Amount You Want Deducted From Each Pay	▶	\$
Signature of Employee	Date of Request	Effective Date

PS Form 1198, March 1987

Although you cannot save data typed into this form, by clicking "Submit," you can then save the completed form if you would like a copy for your records.