



Raritan Plaza II, P.O. Box 7818, Edison, NJ 08818-7818

(732) 417-3900 • 1-800-624-3096

www.nrccf.org

Certificate of Voluntary Withholding of New Jersey Gross Income Tax From Pension

Name: _____ Social Security # _____

Address: _____

(Check one box)

I elect to have New Jersey Gross Income Tax withheld from each monthly pension payment in the amount of \$ _____ .00 (Minimum \$10.00)

Stop withholding New Jersey Income Tax. (Only available to recipients with current State tax withholding.)

Your Signature _____ Date _____

