

## Income Tax Withholding Election

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Claimant Information: SSN:  
Last Name: First Name: MI:  
Address 1: Address 2: (Apt. / Floor / Suite)  
City: State: Zip Code:

**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)**

To change the withholding status on your current claim, please complete the TAX-2 form, then sign and fax or mail the form to:

FAX  
(217) 557-4913

MAIL  
Illinois Department of Employment Security  
P.O. Box 19509  
Springfield, IL 62794

If you elect to have federal and/or State of Illinois income tax deducted and withheld, and later decide you want to make changes to that election, you will be allowed to do so. The change will be effective for weeks of Unemployment Insurance Benefits that have not already been paid.

Please read all statements below and choose one of the 2 options for each Tax.

### Federal Income Tax Withholding

I voluntarily elect to have federal income tax in the amount of 10% deducted and withheld from my Unemployment insurance benefit payments.

I do **not** elect to have any federal income tax deducted and withheld from my unemployment insurance benefit payments.

### State of Illinois Income Tax Withholding

I voluntarily elect to have state of Illinois income tax in the amount of 4.95% deducted and withheld from my unemployment insurance benefit payments.

I do **not** elect to have any state of Illinois income tax deducted and withheld from my unemployment insurance benefit payments.

Claimant  
Signature:

Date:

Office Representative:

Date Prepared:

Date Entered: