



DEFERRED COMPENSATION SUBSTITUTE STATE WITHHOLDING ELECTION INSTRUCTIONS

NEED HELP? 800-842-2252

Monday to Friday
8 a.m. – 10 p.m. (ET)

Saturday
9 a.m. – 6 p.m. (ET)

Or visit tiaa.org.

Have your ID and password ready.

PLEASE READ BEFORE FILLING OUT FORM

State law requires you to complete an Income Tax Withholding Election Form for all distributions that you receive from us. If you do not return the withholding form, the state tax default election will apply.

Please keep in mind:

- There may be penalties for not paying enough state income tax during the year, either through withholding or estimated tax payments.
- State withholding guidelines are subject to change.

STATE TAX WITHHOLDING GUIDELINES

The following states have specific guidelines to follow for tax withholding.

California	No tax withholding will apply if the annual payment is equal to or less than the following:		
	Filing Status	Allowances	Annual Payment
	Single/Married	0 or 1	\$12,997
	Head of Household/Married	2 or more	\$25,994
Indiana New Jersey	No tax withholding will apply if the calculated and/or additional amount withheld is less than \$10.		
Maryland	No tax withholding will apply if the annual payment is less than \$5,000 annually.		
Minnesota South Carolina	May not claim a higher number of allowances than those elected on the Federal Form W-4.		
Massachusetts	No tax withholding will apply if the annual payment is less than \$8,000.		
Nebraska Oklahoma Rhode Island	The same filing status and number of withholding allowances elected on the Federal Form W-4 will be used for state withholding. No separate election is needed.		

EXEMPTION RULE

Most states will allow exemption from state income tax withholding if you meet the following:

- Did not owe any state income tax and had a right to a full refund of all the income tax withheld.
- Do not expect to owe any state income tax for the current year.
- Qualify for exemption status on the Federal Form W-4.
- Meet Military relief conditions.
- If you elect do not withhold, you must certify that you meet your state of residency exemption qualifications.





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Print in uppercase using
black or dark blue ink.

1. PROVIDE YOUR INFORMATION

First Name Middle Initial

Last Name Suffix

Social Security Number/
Taxpayer Identification Number Contact Telephone Number Extension

State of Legal Residence Citizenship (if not U.S.)

Please indicate the contract
number to which your tax
election will apply.

NOTE: The Plan and Sub
Plan numbers are for
internal use only.

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number CREF Number

Plan Number Sub Plan Number

Plan Name

Check your state of
residency and choose the
appropriate election.

3. WITHHOLDING ELECTION

I live in the state of:

Colorado Idaho Maine Minnesota New Mexico
 North Dakota Oregon Utah Vermont Wisconsin

Marital Status:

Single Married Married, but withhold at higher single rate

Total number of withholding allowances:

Withhold the following **Additional** amount from each payment \$

Do not withhold.





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3. WITHHOLDING ELECTION (CONTINUED)

I live in the state of:

- Arkansas Delaware Indiana Kentucky Michigan
- Montana Ohio South Carolina

Total number of withholding allowances:

Withhold the following **Additional** amount from each payment \$

Do not withhold.

I live in the state of:

- Alabama District of Columbia Maryland New Jersey

Marital Status:

- Single Married Filing Jointly
- Head of Household Married Filing Separately

Total number of withholding allowances:

Withhold the following **Additional** amount from each payment \$

Do not withhold.

I live in the state of:

- Illinois Virginia

Total number of withholding allowances:

Additional allowances (check all that apply):

- Age 65 or older Spouse age 65 or older
- Legally Blind Spouse Legally Blind

Withhold the following **Additional** amount from each payment \$

Do not withhold.





3. WITHHOLDING ELECTION (CONTINUED)

I live in the state of:

Massachusetts

Total number of withholding allowances:

Additional allowances (check all that apply):

Head of Household

Spouse is an Exemption

Legally Blind

Spouse Legally Blind

Withhold the following **Additional** amount from each payment \$

Do not withhold.

I live in the state of:

Georgia

Marital Status:

Single

Married Filing Jointly

Head of Household

Married Filing Separately

Total number of withholding allowances:

Additional allowances (check all that apply):

Age 65 or older

Spouse age 65 or older

Legally Blind

Spouse Legally Blind

Withhold the following **Additional** amount from each payment \$

Do not withhold.

I live in the state of:

Arizona

I choose to have Arizona withholding at the rate of:

0.8%

1.3%

1.8%

2.7%

3.6%

4.2%

5.1%

Do not withhold.





3. WITHHOLDING ELECTION (CONTINUED)

I live in the state of:

California North Carolina

Marital Status:

Single Married Head of Household

Total number of withholding allowances:

Withhold the following **Additional** amount from each payment \$

Do not withhold.

I live in the state of:

Connecticut

Marital Status:

Single Married: One Income Married Filing Separately
 Head of Household Married: Two Incomes

Total number of withholding allowances:

Withhold the following **Additional** amount from each payment \$

Do not withhold.

I live in the state of:

Iowa Kansas Louisiana

Marital Status:

Single Married

Total number of withholding allowances:

Withhold the following **Additional** amount from each payment \$

Do not withhold.





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3. WITHHOLDING ELECTION (CONTINUED)

I live in the state of:

Missouri West Virginia

Marital Status:

Single Married: One Income

Head of Household Married: Two Incomes

Total number of withholding allowances:

Withhold the following **Additional** amount from each payment \$

Do not withhold.

I live in the state of:

New York

Marital Status:

Single Married Head of Household

Married, but withhold at Higher Single Rate

Total number of withholding allowances:

Withhold the following **Additional** amount from each payment \$

Do not withhold.

I live in the state of:

Pennsylvania

Withhold the following **Additional** amount from each payment

(this is addition to the fixed 3.07% tax rate) \$

Do not withhold.

4. YOUR SIGNATURE

This form will become effective with your next available payment. You may revoke this election at any time by filing a new state income tax withholding election form with TIAA.

Your Signature

Today's Date (mm/dd/yyyy)

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RETURN COMPLETED FORM(S) TO:

FAX:

800-914-8922 (within U.S.)
704-595-5795 (outside U.S.)

STANDARD MAIL:

TIAA
P.O. Box 1268
Charlotte, NC 28201-1268

OVERNIGHT:

TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

SEND US YOUR FORM ONLINE:

- Log in to your account at tiaa.org. On the top most menu, next to "Profile & Settings," select "Messages."
- Within the "Shared Files" tab in "Message Center," select the "Upload Files" button.

MOBILE UPLOAD:

- Log in to your TIAA app, and click on "Upload documents" from the menu.
- Follow the instructions to take a picture and upload your completed form.

