



DEFERRED COMPENSATION SUBSTITUTE STATE WITHHOLDING ELECTION INSTRUCTIONS

NEED HELP? 800-842-2252

Monday to Friday
8 a.m. – 10 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	No tax withholding will apply if the calculated and/or additional amount withheld is less than \$10.		
New Jerseyh			
Maryland	No tax withholding will apply if the annual payment is less than \$5,000 annually.		
Minnesota	May not claim a higher number of allowances than those elected on the Federal Form W-4.		
South Carolina			
Massachusetts	No tax withholding will apply if the annual payment is less than \$8,000.		
Nebraska			
Oklahoma	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.		
Rhode Island			

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





DEFERRED COMPENSATION SUBSTITUTE STATE WITHHOLDING ELECTION FORM

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 \$

Tax Exempt





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 \$

Tax Exempt

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 \$

Tax Exempt

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 \$

Tax Exempt





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 \$

Tax Exempt

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 \$

Tax Exempt

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%

Tax Exempt





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 \$

Tax Exempt

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 \$

Tax Exempt

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 \$

Tax Exempt





3. WITHHOLDING ELECTION (CONTINUED)

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 \$

Tax Exempt

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) \$

Tax Exempt





3. WITHHOLDING ELECTION (CONTINUED)

I live in the state of:

Connecticut

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 or no withholding is necessary (i.e., withholding from other income source).	E
My spouse has income subject to withholding and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500	A
My spouse does not have income subject to withholding and our expected combined annual gross income is greater than \$24,000.	C
My spouse has income subject to withholding and our expected combined annual gross income is greater than \$100,500	D
I have significant other income and wish to avoid having too little tax withheld	D
Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 or no withholding is necessary (i.e., withholding from other income source).	E
My expected annual gross income is greater than \$12,000.	A
I have significant other income and wish to avoid having too little tax withheld.	D
Qualifying Widow(er) With Dependent Child	Withholding Code
My expected annual gross income is less than or equal to \$24,000 or no withholding is necessary (i.e., withholding from other income source).	E
My expected annual gross income is greater than \$24,000.	C
I have significant other income and wish to avoid having too little tax withheld.	D
Single	Withholding Code
My expected annual gross income is less than or equal to \$15,000 or no withholding is necessary (i.e., withholding from other income source).	E
My expected annual gross income is greater than \$15,000.	F
I have significant other income and wish to avoid having too little tax withheld.	D
Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 or no withholding is necessary (i.e., withholding from other income source).	E
My expected annual gross income is greater than \$19,000.	B
I have significant other income and wish to avoid having too little tax withheld.	D

1. Withholding Code: Enter Withholding Code letter chosen from above

2. Additional withholding amount per payment, if any

\$





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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Please return ALL numbered pages, including any pages you did not need to complete.

RETURN COMPLETED FORM(S)

Upload your documents easily from your mobile device or computer.

Use the TIAA mobile app to quickly upload your completed documents. It's as simple as taking a picture:

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Select the **Files** header and tap **Upload**. That's it!

Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

Don't have a smartphone? It's still easy. From your personal computer, here's what you'll need to do:

- Log in to your **TIAA.org** account and select the **Actions** tab.
- Choose **Upload documents** from the options presented.
- Select **Upload Files** and follow the step-by-step instructions.

Faxing a document or using standard or overnight mail are also available, but can take more time. If you prefer one of these methods, use the information provided below to complete the process.

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:
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 8500 Andrew Carnegie Blvd.
 Charlotte, NC 28262

