

**HEAVY AND GENERAL LABORERS' PENSION FUND  
LOCAL 472 AND LOCAL 172**

**ELECTION FORM FOR VOLUNTARY WITHHOLDING OF  
NEW JERSEY INCOME TAXES**

Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

**Please read and check one of the boxes (A or B) below for New Jersey State tax purposes. Be sure to fill in amount to be withheld. If you have any questions, please call the Fund Office at (973) 589-5050.**

**NEW JERSEY INCOME TAX**  
**(for New Jersey Residents Only)**

**Check One:**

A. I elect NOT to have New Jersey Income Tax withheld.

B. I elect to have New Jersey Income Tax withheld.

**Amount to be withheld per month: \$ \_\_\_\_\_**

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Signature

Date