

Supplemental Instructions  
DFAS R&A Pay

DD Form 2868  
Request for Withholding State Tax

**When to use this form:**

When the member is requesting to start, stop, or change the monthly amount withheld for state taxes and/or the designated state for which the withholding is applicable.

To complete the DD Form 2868, carefully read and complete all information as requested.

**Instructions by Section:**

| Section | Instructions                                                                                                                                                                   | Reminder & Tips                                                                                                                                                                                                                                                 |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Member's Full Name                                                                                                                                                             |                                                                                                                                                                                                                                                                 |
| 2       | Member's Full Social Security Number                                                                                                                                           |                                                                                                                                                                                                                                                                 |
| 3       | Member's Complete Mailing Address                                                                                                                                              |                                                                                                                                                                                                                                                                 |
| 4       | Enter the amount you are requesting to be withheld <b>monthly</b> for state tax purposes. The amount cannot be less than \$10.00 and in <b>must be in whole dollars only</b> . | <b>Cannot process a request that has change:</b><br>Ex. \$10.52 = invalid amount<br>\$11.00 = valid amount<br><br>Because tax obligations vary from state to state, contact your state's department of revenue office regarding taxability of your retired pay. |
| 5       | Enter the <b>State</b> (name or abbreviation) that you are requesting the amount be withheld for.                                                                              | DFAS can only withhold state income taxes for states with which the Department of Defense has a withholding agreement.                                                                                                                                          |
| 6       | Retiree <b>Must</b> sign form in order for the request to be valid                                                                                                             | Unsigned forms <b>cannot</b> be processed and will be returned                                                                                                                                                                                                  |
| 7       | Date member signed form                                                                                                                                                        | Undated forms <b>cannot</b> be processed and will be returned.                                                                                                                                                                                                  |

**Please return all forms to:**

Defense Finance and Accounting Service  
Retired and Annuity Pay  
P.O. Box 7130  
London, KY 40742-7130

If you have any questions, please call customer service at 1-800-321-1080, between 7:00 a.m. 7:30 p.m. Eastern Standard Time, Monday- Friday.