

Instructions for DD 2866 Fast Form

When to use this form:

If you are a military retiree, you can use this form to change your correspondence address. You can also use it to start, stop or change State Income Tax Withholding (SITW) being deducted from your military retired pay.

This form **cannot** be used to change your [check address](#). It also **cannot** be used to start, stop or change [Federal Income Tax Withholding \(FITW\)](#). To adjust your FITW, you can use *myPay* or mail us a new W4 form.

This is an automated form and does not require a signature if you are **only** changing your correspondence address. If you are using the form to update your SITW, you will need to print, sign and send us a copy of the form once you have submitted it.

Your account will be updated three to seven business days after your request has been submitted.

Navigation & Function Keys

You can use your computer mouse or the following keys when completing the form:

TAB - moves to the next field

Shift + TAB - moves to the previous field.

“Reset Page” button – clears all information previously entered in to the form

“Finished” button - sends the form to DFAS for processing.

User Validation

In order to update your account, we first need you to answer some questions to verify your identity. Please read and follow the below instructions carefully:

FIELD	Instruction	Tip
1. Last Name	Required- Retiree’s Last Name	
2. First Name	Required-Retiree’s First Name	
3. Middle Initial	Required- Retiree’s Middle Initial or NMI if none	
E-Mail Address	Required-Retiree’s e-mail address	If you do not have an e-mail address, check the box marked “I do not have an E-Mail address”. If you do not provide an e-mail address, we will not send you confirmation when we receive your

		request
Phone Number	Optional- Retiree's phone number	Phone number if entered must be 10 digits. We will use this number if there is a problem with your documentation
SSN	Required – Retiree's Social Security Number	SSN must be numbers only
Verification Questions	Required – Please answer all five verification questions	Dates must be entered in MM/DD/YYYY format. Zip code must be the five numeric digits of the correspondence address on record.

To clear the Validation form and start over, click the “Reset Page” button. After completing the validation section, click the “Begin Form” button and you will be taken to the DD 2866 form.

Instructions for completing DD 2866

We will use the information you provide on this form to change your correspondence address or update your State Income Tax Withholding, as appropriate. Please review all information and make sure that you have entered it correctly before submitting the form.

Part 1 – Change of Address

Field name	Information	Tip
1. Member's Name	Prefilled from Validation form	Review Name for accuracy
2. SSN	Prefilled from Validation form	Review SSN for accuracy
Click here to Update your Address Information	Left click somewhere on the words	
3. New Correspondence Address		
a. Other address Information	See note in box 3 a.	If changing address with an apartment, lot, suite, etc, and it will not fit in “b.” put the identifying information in this field.
b. Number and Street or Route	Required- Input current (new) address	
c. City, State and Zip code	Required – Input current information	Even if none of these items changed from your address on our records, it must be input on this form

If no State tax change is needed, click on the Finished button at the bottom of the page. You will be given the option to print or save a copy for your records. Then, click “Submit for Processing” to send to DFAS for processing.

If you provided an e-mail address, you will receive confirmation that we received your submission.

If State Tax needs updated, continue with instructions below:

Part II – State Income Tax Withholding Authorization

Field	Information	Tip
Click here to Start, Stop, or Change State Tax Withholding	Left click somewhere on the words	
4. Mark (X) in only one box below. This form must be signed and dated.	Required – Self explanatory	
d. State	If stopping withholding, this field will not be usable	Use drop down menu
e. Withholding amount	Required if starting or changing. If stopping, this field will not be usable.	Please show TOTAL monthly withholding. Must be in whole dollars and no less than \$10 or the State minimum amount.

After filling out the form, click the “Finished” button at the bottom of the page. You will be given the option to print or save a copy for your records. Then, click “Submit for Processing” to send the form to DFAS for processing.

If using the State Tax portion of the form, be sure to print and sign a copy of the form. Then, click “Submit for Processing” to send to DFAS for processing.

If you provided an e-mail address, you will receive confirmation that we received your submission.

Please mail your signed State Tax withholding request to:

Defense Finance and Accounting Service
 U.S. Military Retirement Pay
 P.O. Box 7130
 London, Kentucky 40742-7130

Or Fax it to 800-469-6559

The change will be posted to your account in three to seven business days AFTER we receive your signed form.

Note: If after clicking the “Finished” button, you get a message that says “submit failed,” there is information missing on the form. Review the form for items in **Red** boxes and make corrections. After completing the fields, click on the “Finished” button at the bottom of the page.

You will be given the option to print or save a copy for your records. If using the State Tax portion of the form, be sure to print a copy. Then, click “Submit for Processing” to send to DFAS for processing.