

**REQUEST FOR STATE TAX DEDUCTIONS**

**SEND TO: Customer Service Representative  
DoDDS-Pacific/DDESS-Guam Human Resources Division**

**EMPLOYEE NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**CURRENT MAILING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**LIST STATE THAT YOU WISH STATE TAXES TO BE WITHHELD  
FROM YOUR BI-WEEKLY PAY:**

\_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_ MARRIED \_\_\_\_ SINGLE

**NUMBER OF DEPENDENTS YOU WILL CLAIM ON YOUR TAX  
RETURN:** \_\_\_\_\_

**NOTE: YOUR STATE TAX FORM SHOULD MATCH YOUR  
FEDERAL TAX FORM**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**