

**DEPARTMENT OF DEFENSE**

DEFENSE FINANCE AND ACCOUNTING SERVICE  
U.S. MILITARY RETIREMENT PAY  
P.O. BOX 7130  
LONDON, KY 40742-7130

OFFICIAL BUSINESS

**REQUEST FOR WITHHOLDING STATE TAX**

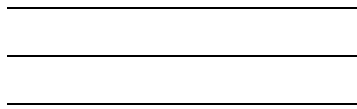
**PRIVACY ACT STATEMENT**

**AUTHORITY:** E.O. 9397 and Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Volume 7B, Chapter 26. **PRINCIPAL PURPOSE(S):** To appropriately withhold the State income tax from the member's military retired pay as requested by the member. **ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C. Section 552(a)(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense to the Internal Revenue Service to resolve matters relating to an individual's taxes. In addition, other Federal, State, or local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses as published in the Federal Register. **DISCLOSURE:** Voluntary; however, if the information is not provided, there may be a significant delay in the processing of the request to withhold the State income taxes.

<b>1. NAME</b> ( <i>Last, First, Middle Initial</i> )		<b>2. SOCIAL SECURITY NUMBER</b>	
<b>3. CURRENT RESIDENCE ADDRESS</b> ( <i>Number and Street, City, State and ZIP Code</i> )			
<b>4. AMOUNT FOR WITHHOLDING TAX</b> ( <i>Must be \$10.00 or more in whole dollars</i> ) \$		<b>5. DESIGNATED STATE</b>	
I hereby request that the above designated amount be withheld from my retired pay account for State withholding tax purposes for the state indicated.			
<b>6. RETIREE'S SIGNATURE</b>		<b>7. DATE</b>	

DD FORM 2868, DEC 2003

REPLACES DFAS-CL FORM 7401/17



FIRST  
CLASS  
POSTAGE  
REQUIRED

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FOLD HERE.  
MAKE SURE THE DFAS ADDRESS IS SHOWING.  
SEAL ALL THREE OPEN SIDES WITH A SMALL PIECE OF CELLOPHANE TAPE.

DD FORM 2868 (BACK), DEC 2003

