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State of Illinois
Department of Employment Security
www.ides.illinois.gov

Income Tax Withholding Election

Claimant Information: SSN: _____

Last Name: _____ First Name: _____ MI: ____

Address 1: _____ Address 2: (Apt. / Floor / Suite) _____

City: _____ State: _____ Zip Code: _____ _____

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

To change the withholding status on your current claim, please complete the TAX-2 form, then sign and fax or mail the form to:

FAX	MAIL
(630) 495-8199	IDES Claimant Services Center 837 S. Westmore-Meyers Rd. Lombard, IL 60148

If you elect to have federal and/or State of Illinois income tax deducted and withheld, and later decide you want to make changes to that election, you will be allowed to do so. The change will be effective for weeks of Unemployment Insurance Benefits that have not already been paid.

Please read all statements below and choose one of the 2 options for each Tax.

Federal Income Tax Withholding

☐ I voluntarily elect to have federal income tax in the amount of 10% deducted and withheld from my Unemployment insurance benefit payments.

☐ I do **not** elect to have any federal income tax deducted and withheld from my unemployment insurance benefit payments.

State of Illinois Income Tax Withholding

☐ I voluntarily elect to have state of Illinois income tax in the amount of 3.75% deducted and withheld from my unemployment insurance benefit payments.

☐ I do **not** elect to have any state of Illinois income tax deducted and withheld from my unemployment insurance benefit payments.

Claimant Signature: _____ Date: _____

Office Representative: _____ Date Prepared: _____

Date Entered: _____