



## New York State Department of Labor Information about Income Tax Withholding

You must pay Federal, State and local income tax on Unemployment Insurance Benefits. You can have both Federal and New York State tax withheld from your Unemployment Insurance benefits. Taxes will be withheld after deductions such as child support are taken out.

- 10% of your benefits would be withheld for Federal taxes and 2.5% would be withheld for New York State taxes.
- The Federal and New York State Tax withheld during the year will be reported on a 1099-G statement that is mailed after the end of the year.
- Any monies you have withheld cannot be returned to you except by the Federal or State government as part of your income tax refund.
- You can stop the tax withholding at any time during your benefit claim.

If you do not have Federal and/or New York State income tax withheld, you may need to make estimated quarterly tax payments. For more information see:

- IRS Publication 505, "Tax Withholding and Estimated Tax" You can get this publication from the Internal Revenue Service (IRS) web site [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM.
- The New York State Department of Taxation and Finance webpage "Who must make estimated tax payments?" at [www.tax.ny.gov](http://www.tax.ny.gov). Or, call 518-457-5431 and order Form IT-2105 *Estimated Income Tax Payment Voucher for Individuals* and Form IT-2105-I *Instructions*.

Withholding Federal and/or New York State Tax is voluntary.

- If you do not want to have income tax withheld from your weekly benefits, you do not have to do anything.
- To **start or stop** withholding 10% Federal and/or 2.5% New York State Income Tax, complete the form below and return it to NYS DOL, PO Box 621, Albany, NY 12240-0621.

We will start or stop withholding tax as soon as we receive and process your request.

Type or print:

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

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M. I.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Home Address (Number and Street or Rural Route)

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Telephone Number: ( ) \_\_\_\_\_

### Check All Boxes That Apply

**Start withholding** 10% Federal Income Tax.

**Start withholding** 2.5% NYS Income Tax.

**Stop withholding** 10% Federal Income Tax.

**Stop withholding** 2.5% NYS Income Tax.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_