

Agency for Workforce Innovation

VOLUNTARY WITHHOLDING OF FEDERAL INCOME TAX

Unemployment compensation benefits are fully taxable if you are required to file a tax return.

Public Law 103-465 requires the Agency for Workforce Innovation to deduct and withhold Federal income tax from unemployment compensation benefits if an individual receiving those benefits **voluntarily requests such deduction and withholding**. You may request a withholding deduction equal to **10%** of your weekly benefits for federal income taxes. You may change your request a maximum of **two times** per calendar year.

A statement, Form 1099-G, will be furnished to you at the end of January stating the amount of benefits paid and withheld during the prior year. The same information will be transmitted to the Internal Revenue Service (IRS).

The income taxes deducted are held in trust for the U.S. Government. All refunds must be obtained from the IRS as any overpayment of income taxes.

The Agency is not responsible for refunding withheld taxes.

It may be necessary for you to make estimated tax payments. For more information on when these payments should be made, refer to the IRS publication titled "Tax Withholding and Estimated Tax" or contact the Internal Revenue Service. **PLEASE DIRECT ALL QUESTIONS CONCERNING YOUR INCOME TAX LIABILITY TO THE INTERNAL REVENUE SERVICE.**

PLEASE COMPLETE THE FORM BELOW TO DECLINE, REQUEST OR DISCONTINUE WITHHOLDING OF FEDERAL INCOME TAXES.

YOU MAY MAIL OR FAX THIS FORM TO THE ADDRESS BELOW:

Agency for Workforce Innovation
P.O. Box 5300
Tallahassee, FL 32314-5300
FAX# (850) 921-3865

NAME (PLEASE PRINT): _____										
FIRST	MIDDLE INITIAL	LAST								
ADDRESS: _____										
SOCIAL SECURITY NUMBER*										
<input type="checkbox"/> I do not wish to have Federal income tax deducted from my unemployment compensation benefits.										
<input type="checkbox"/> I hereby authorize the Agency for Workforce Innovation to deduct and withhold federal income tax from my unemployment compensation benefits.										
<input type="checkbox"/> I hereby authorize the Agency for Workforce Innovation to discontinue withholding of federal income tax from my unemployment compensation benefits.										
_____					_____					
SIGNATURE					DATE					

ALLOW TEN WORKING DAYS FOR CHANGES TO TAKE EFFECT.

***PRIVACY ACT STATEMENT**

Information you provide to this agency is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(g), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the Agency to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.