

# RETIREE CHANGE OF ADDRESS REQUEST/STATE TAX WITHHOLDING AUTHORIZATION

(Read Privacy Act Statement before completing this form.)

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations; 10 U.S.C., Chapters 53, 61, 63, 65, 67, 69, 71, 73, 74; 10 U.S.C. Sec. 1059, and 1408(h); 38 U.S.C. Sec. 1311 and 1313; Pub. L. 92-425; Pub. L. 102-484 Sec. 653; Pub. L. 103-160 Sec. 554 and 1058; Pub. L. 105-261, Sec. 570; DoDI 1342.24, Transitional Compensation for Abused Dependents; DoD Financial Management Regulation 7000.14-R, Volume 7B and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** To change a member's address in the military retired pay system so that the information is current and accurate, and allow the member to start, stop, or change tax withholding information which will allow for the proper computation of the member's pay. Applicable SORNs: T7347b.

**ROUTINE USE(S):** Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional routine uses of the records are published only once in each DoD Component's Preamble in the interest of simplicity, economy and to avoid redundancy.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information could result in non-receipt of payments/correspondence and/or incorrect deductions for tax purposes being made from your retired pay. The Social Security Number is required to identify the correct member/annuitant account information and required to be reported by utilizing the individual's SSN for tax purposes.

## PART I - CHANGE OF ADDRESS (Please print or type all information.)

<b>1. MEMBER'S NAME</b>			<b>2. SSN</b>	
a. LAST	b. FIRST	c. MIDDLE INITIAL		
<b>3. NEW CORRESPONDENCE ADDRESS</b>				
a. OTHER ADDRESS INFORMATION				
b. NUMBER AND STREET OR ROUTE				
c. CITY		d. STATE	e. ZIP CODE	

## PART II - STATE INCOME TAX WITHHOLDING AUTHORIZATION (Please print or type all information.)

Deduction from military pay for state tax withholding is voluntary. Complete this form with or without a change of address if you wish to start, change, or terminate state tax withholding.

### 4. MARK (X) ONLY ONE BOX BELOW. THIS FORM MUST BE SIGNED AND DATED.

<input type="checkbox"/>	a. I wish to start state income tax withholding from my payments for the state and monthly amount indicated below. <b>The monthly amount must be in whole dollars and not less than \$10.00.</b>
<input type="checkbox"/>	b. I wish to change my state and/or monthly amount for state tax withholding purposes as indicated below.
<input type="checkbox"/>	c. I authorize that state income tax withholding deduction from my pay be terminated.
d. STATE	e. WITHHOLDING AMOUNT \$
f. SIGNATURE	g. DATE SUBMITTED (YYYYMMDD)

### RETURN COMPLETED AND SIGNED FORM TO:

Defense Finance and Accounting Service  
US Military Retired Pay  
8899 E. 56th Street  
Indianapolis, IN 46249-1200