



## GEORGIA DEPARTMENT OF LABOR

### Income Tax Withholding Option

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Do you want Federal income tax withheld? ☐ Yes ☐ No

➤ Federal tax is withheld at 10%

Do you want Georgia income tax withheld? ☐ Yes ☐ No

➤ State tax is withheld at 6%

Only one change in withholding per benefit year is allowed.

### CLAIMANT ACKNOWLEDGMENT

I have selected my options for income tax withholding. I understand the law provides penalties for making false statements on this form.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

#### Mail Completed form to:

Georgia Department of Labor  
Claims Administration  
148 Andrew Young International Blvd. NE Suite 972  
Atlanta, GA 30303-1751