

**DEPARTMENT OF DEFENSE**

DEFENSE FINANCE AND ACCOUNTING SERVICE  
U.S. MILITARY RETIRED PAY  
8899 E. 56TH STREET  
INDIANAPOLIS, IN 46249-1300

OFFICIAL BUSINESS

**REQUEST FOR WITHHOLDING STATE TAX**

**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 appropriately withhold the State income tax from the member's military retired pay as requested by the member. Applicable SORNs: T7347b.

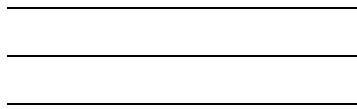
**ROUTINE USE(S):** Certain "Blanket Routine Uses" for all DoD maintained systems of records have been established that are applicable to every record system maintained within the Department of Defense, unless specifically stated otherwise within the particular record system notice. These additional 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, if the information is not provided, there may be a significant delay in the processing of the request to withhold the State income taxes. The Social Security Number is required to correctly identify the retiree in order to send the correct payroll tax withholding information to the appropriate state taxing authority as directed by the retiree.

<b>1. NAME</b> <i>(Last, First, Middle Initial)</i>		<b>2. SOCIAL SECURITY NUMBER</b>	
<b>3. CURRENT RESIDENCE ADDRESS</b> <i>(Number and Street, City, State and ZIP Code)</i>			
<b>4. AMOUNT FOR WITHHOLDING TAX</b> <i>(Must be \$10.00 or more in whole dollars)</i> \$		<b>5. DESIGNATED STATE</b>	
I hereby request that the above designated amount be withheld from my retired pay account for State withholding tax purposes for the state indicated.			
<b>6. RETIREE'S SIGNATURE</b>		<b>7. DATE</b>	

DD FORM 2868, APR 2017

PREVIOUS EDITION IS OBSOLETE.



FIRST  
CLASS  
POSTAGE  
REQUIRED

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FOLD HERE.  
MAKE SURE THE DFAS ADDRESS IS SHOWING.  
SEAL ALL THREE OPEN SIDES WITH A SMALL PIECE OF CELLOPHANE TAPE.

DD FORM 2868 (BACK), APR 2017

