

FirstEnergy

PENSION OR ANNUITY PAYMENTS - STATE TAX WITHHOLDING CERTIFICATE

FORM NO. X-2534 (REV. 09-24)

Please Print

| | | | |
|---|------|---------------------|----------|
| COMPANY NAME | | | |
| FULL NAME | | SOCIAL SECURITY NO. | |
| ADDRESS | CITY | STATE | ZIP CODE |
| STATE WITHHOLDING FOR <input type="checkbox"/> OH <input type="checkbox"/> NJ <input type="checkbox"/> MI <input type="checkbox"/> MD <input type="checkbox"/> WV <input type="checkbox"/> VA | | | |
| *Please note for NJ residents the only options are items 1 and 3 – we are no longer able to use item 2. | | | |
| Complete Items 1, 2 or 3 below as applicable. | | | |
| <input type="checkbox"/> 1. I elect not to have state income tax withheld from my pension or annuity payment. | | | |
| <input type="checkbox"/> 2. I want my withholding from each pension or annuity payment to be figured using the indicated marital status, number of allowances shown, and additional amount: | | | |
| MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED NO. OF ALLOWANCES _____ ADDITIONAL AMOUNT _____ | | | |
| <input type="checkbox"/> 3. I want the following flat amount withheld from each pension or annuity payment. \$ _____ | | | |
| SIGNATURE | | DATE | |

Send Completed Form to:

**Pension Payroll Department
FirstEnergy
800 Cabin Hill Drive
Greensburg, PA 15601
or
Fax to 330-245-5737**