



# Con Edison Retirement Plan New York State Tax Withholding Election Form

Check One: Con Edison  Orange & Rockland

Employee#: \_\_\_\_\_

Mail Completed form to: Con Edison  
Payroll Operations  
4 Irving Place – 3<sup>rd</sup> Floor South  
New York, NY 10003

Or fax to: (212)844-0160

For additional information regarding the completion of this form, please call (518)457-5181.



New York State Department of Taxation and Finance

IT-2104-P

## Annuitant's Request for Income Tax Withholding

(8/11)

New York State • New York City • Yonkers

<b>Print or type</b>	First name and middle initial _____ Last name _____	Your social security number - -
	Permanent mailing address ( <i>number and street or rural route</i> ) _____ Apartment number _____	Annuity contract claim or identification number
	City, village, or post office _____ State _____ ZIP code _____	
Enter the <b>whole dollar</b> amount to be withheld from <b>each</b> annuity or pension payment:	<b>1</b> New York State income tax ..... <b>2</b> New York City income tax ( <i>if a New York City resident</i> )..... <b>3</b> Yonkers income tax surcharge ( <i>if a Yonkers resident</i> ).....	<b>1</b> _____ <b>2</b> _____ <b>3</b> _____
I request voluntary income tax withholding from my annuity or pension payments as authorized by section 671(b) of the Tax Law.		
Signature of annuitant _____		Date _____ / ____ / ____