

IOWA WORKFORCE DEVELOPMENT

Tax Withholding Agreement

60-0360 (08-2009)

Local Office Use		
380 Federal	2 = Y	1 = No
381 State	2 = Y	1 = No
Station Desk		

Social Security Number

Administrative Use Only
O.C. Date

First Name

MI

Last Name

I hereby authorize Iowa Workforce Development to start or change withholding the following income taxes from my unemployment benefits.

FEDERAL withholding equal to 10 percent of my gross weekly benefit payment.

- 1. No (Stop)
- 2. Yes (Start)

IOWA withholding equal to 5 percent of my gross weekly benefit payment.

- 1. No (Stop)
- 2. Yes (Start)

If you are paid \$10.00 or more in unemployment insurance benefits, Iowa Workforce Development will mail a form 1099-G listing the amount of benefits paid to your address of record by January 31. The 1099-G also will list the amount(s) of any federal and/or state taxes withheld the previous year.

Claimant Signature _____ Date Signed _____

Complete and make a copy for your files. Return original to: **Iowa Workforce Development Center
Unemployment Insurance Service Center
P.O. Box 10332
Des Moines, IA 50306-0332**