## FirstEnergy

## PENSION OR ANNUITY PAYMENTS - STATE TAX WITHHOLDING CERTIFICATE FORM NO. X-2534 (REV. 08-22)

Please Print

COMPANY NAME							
COMPANY NAME							
FULL NAME			SOCIAL S	SOCIAL SECURITY NO.			
ADDRESS		CITY		STATE		ZIP CODE	
ADDITEGS		On		SIAIL		ZII CODE	
OTATE WITHIOLDING FOR	Пон						
STATE WITHHOLDING FOR	□ОН	□NJ	☐ MI	☐ MD	□WV	□VA	
Complete Items 1, 2 or 3 below as applicable.							
☐ 1. I elect not to have state income tax withheld from my pension or annuity payment.							
2. I want my withholding from each nancian or appuits normant to be figured using the indicated recrited							
☐ 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: ☐ SINGLE ☐ MARRIED NO. OF ALLOWANCES ADDITIONAL AMOUNT							
			`				
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