NC Department of Commerce
Division of Employment Security
Post Office Box 25903, Raleigh, North Carolina 27611-5903

FAX NUMBER: (919) 733-1370

Voluntary Election for Income Tax Withholdings and/or Direct Deposit of UI Benefits

Name: _____ Social Security Number _____-_____-_____

Address: _____

_____

_____

Unemployment Insurance benefits are taxable and must be reported as income on your federal and state tax returns. You may elect to have DES withhold a portion of your benefits each week to meet your tax obligation. If you do not elect to have taxes withheld, you may make estimated tax payments. For more information contact the Internal Revenue Service (IRS) at www.irs.gov or the NC Department of Revenue at www.dornc.com . The DES Debit Card is the default method for paying benefits. You may, however, elect to have your benefits directly deposited to your bank account. To request either tax withholding or direct deposit of benefits, you must return this completed form to the address or fax number above. The withholding and/or direct deposit will begin after we receive and process this form.

Voluntary Election for Deduction and Withholding of Individual Income Tax

By placing an "X" in the appropriate box(es), I voluntarily elect to have the following withholdings made from my unemployment insurance benefits. I understand that these tax deductions will be made only after any other mandatory deductions such as child support payments have been made.

☐ Federal Income Tax at the rate of 10% of the gross weekly benefit amount due.
(This rate cannot be changed.)

☐ State Income Tax at the rate of _____ % of the gross weekly benefit amount due.
(You must fill in a rate. A fraction of a percent, decimal, or dollar amount cannot be processed.)

Signature required below.

Voluntary Election for Direct Deposit of UI Benefits

I authorize the Division of Employment Security to direct deposit my unemployment insurance benefit payments into my selected account checked below (select one):

NOTE: If you bank with a Credit Union or Savings and Loan, please verify the routing and account numbers and complete the section below:

☐ Checking - You must attach a copy of a **check** (write "VOID" across the face of the check).
(Deposit slips cannot be processed.)

☐ Savings
(Please verify the routing and account numbers with your bank and complete the section below)

Name of Bank _____

Bank Routing Number

Bank Account Number _____

I understand that any authorizations that I have elected will remain in effect for the duration of my unemployment insurance claim. I also understand that any request to change any part of this authorization must be in writing.

Signature (required): _____ ***Date:*** _____