

STATE INCOME TAX WITHHOLDING ELECTION FORM



Your Name: _____ Social Security # *** - ** - _____
last 4 digits only

Please indicate state of tax liability here: _____

If you are a resident of **Alaska, Florida, Hawaii, Mississippi, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington, or Wyoming**, please disregard this form, as these are non-withholding states.

If you are a resident of **Iowa, Kansas, Maine, Massachusetts, Nebraska, or Vermont**, state tax withholding is mandatory if you have elected federal income tax withholding and voluntary if you have not elected federal withholding. Please make your election below.

If you are a resident of **California, Delaware, Georgia, Michigan, North Carolina, Oklahoma, Oregon, or Virginia**, state tax withholding is mandatory unless you elect not to have state withholding. Please make your election below.

If you are a resident of **Alabama, Arkansas, Arizona, Colorado, Connecticut, District of Columbia, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maryland, Minnesota, Missouri, Montana, New Jersey, New York, New Mexico, North Dakota, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Utah, Wisconsin, or West Virginia**, state income tax withholding is voluntary. Please make your election below.

Please Select One Option Only:

Option One
 I request that you withhold \$ _____ for state income tax

Option Two
 I request that you withhold state tax based on my marital status and number of exemptions
Marital Status: Single Married Number of Exemptions: _____

Option Three
 I request that you withhold state tax based on my marital status, number of exemptions, and an additional dollar amount.
Marital Status: Single Married Number of Exemptions: _____ Additional Amount: \$ _____

Option Four
 I request that **NO** state tax be withheld.

Signature: _____ Date: _____, 20 _____

PLEASE RETURN THE COMPLETED FORM TO: Cleveland-Cliffs
Attn: Retiree Services
3300 Dickey Road
East Chicago, IN 46312
(800) 356-0078, Option 4

NOTE: This tax change request must be received by Retiree Services by the 15th of the month to be effective the first of the following month.