

FirstEnergy Corp.

PENSION OR ANNUITY PAYMENTS - STATE TAX WITHHOLDING CERTIFICATE

FORM X-2534 03-04)

Please Print

COMPANY NAME			
FULL NAME		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
STATE WITHHOLDING FOR	<input type="checkbox"/> OH	<input type="checkbox"/> NJ	<input type="checkbox"/> PA <input type="checkbox"/> MI
Complete Items 1, 2 or 3 below as applicable.			
<input type="checkbox"/> 1. I elect not to have state income tax withheld from my pension or annuity payment.			
<input type="checkbox"/> 2. I want my withholding from each pension or annuity payment to be figured using the indicated marital status, number of allowances, and additional amount:			
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED NO. OF ALLOWANCES _____ ADDITIONAL AMOUNT _____			
<input type="checkbox"/> 3. I want the following flat amount withheld from each pension or annuity payment. \$ _____			
SIGNATURE		DATE	