

**NON-USPS ADJUSTMENT REQUEST- VALUES
(Fringe Benefit/Employee Business Expense)**

STD. 676V (REV. 10/2008) (REVERSE)

**INSTRUCTIONS**

Please type or print clearly. Complete all required information for each line. Do not use ditto marks to indicate duplicate line information.
Entries on Form STD. 676V must be as follows:

SPECIAL REPORTING: See PPM Section N-172.2 for special reporting instructions for Student Assistants (CSU only) and Board Members.

BOX A – Item Code. A separate form STD. 676V is required for each Item Code. Enter the two character ALPHA code, below, for the benefit being reported.

BOX C – Tax Year. A separate form STD. 676V is required for each tax year. If tax year does not agree with the issue year (Column 9), issue date will be used.

BOX B 7– Item Description. Enter the full name, below, of the benefit being reported (e.g., CARS Standard Business Mileage.)

BOX D – Page ___ of ___. Must be completed.

COLUMN

1. Enter the employee's Social Security Number.
2. Enter the employee's first initial and last name.
3. Enter the three-digit agency code.
4. Enter the three-digit unit number.
5. Enter the two-digit month and year for the pay period (mm/yy) in which the benefit amounts were paid or incurred.
6. Enter the gross amount subject to withholding.
7. Leave blank.
8. Enter the State Code **CA**, California
IL, Illinois
NY, New York
Blank, all others

NOTE: FOR CAR/VAN POOL, VAN POOL DRIVER, COMMUTER HIGHWAY VEHICLE, DISCOUNT TRAVEL/TRANSIT PASS, RIDESHARE INCENTIVE AND FORGIVEABLE LOAN, LEAVE STATE CODE BLANK

COLUMN

9. Enter the issue date of the benefit payment. Issue date is defined as the last day of the pay period in which payments were issued to the employee.

NOTE: NON-CASH TAXABLE FRINGE BENEFITS ARE REPORTED UNDER A SPECIAL ACCOUNTING PERIOD (SAP) OF DECEMBER THROUGH NOVEMBER. FOR NON-CASH BENEFITS RECEIVED IN THE MONTH OF DECEMBER, ENTER 01/01/XX OF THE SUBSEQUENT YEAR. SEE PPM SECTION N 175.

10. Enter the the total number of line entries on page and total gross amounts for column 6 and/or 7

BOTTOM BOXES

- Enter the agency/campus name.
- Signature and printed name of the reporting officer is required.
- Enter the current date.
- Enter the name and telephone number of the person completing the form.
- Enter the mailing address to send inquiries regarding form.

ITEM CODE	ITEM DESCRIPTION	ITEM CODE	ITEM DESCRIPTION
	AIRCRAFT		LOAN PROGRAMS
AP	• Personal Use of State Aircraft	LF	• Forgiveable Loan/Doctoral Incentive Program (CSU)
	AWARDS/BONUSES/INCENTIVES	LA	• Loan Assumption Program (CS)
AL	• Lottery Sales Recognition Program (CS)	LP	• Loan Forgiveness Program (CS)
AI	• Rideshare Incentive Award Program (CS)		MEALS
AM	• Merit Award Program (<i>Cash Equivalent</i>)	MP	• Medical Officer of the Day
II	• Miscellaneous Incentive Programs	OM	• Overtime Meals
IE	• Incentives Provided by Third Parties (<i>Cash Equivalent</i>)		OUT-PLACEMENT
	CARS	OP	
CP	• Personal Use of State Vehicle	DM	PROFESSIONAL/NONPROFESSIONAL DUES AND MEMBERSHIPS
CV	• Vehicle Provided by Third Parties	TK	TICKETS
EA	EDUCATIONAL ASSISTANCE		SCHOLARSHIPS
EL	ELECTRONIC DEVICES	SC	• Fee Waiver Program (CSU)
	HOUSING		TRANSPORTATION SUBSIDIES
HE	• Executive Housing Expense (CSU)	TC	• Car/Van Pool (CSU)
HR	• Reimbursement Plans	TH	• Commuter Highway Vehicle (CSU)
HV	• Value of State Housing	TD	• Discount Travel/Travel Pass
	LIFE INSURANCE	TE	• Employer-Provided Parking
LL	• Group Term Life Insurance (Legislators)	UA	UNIFORM ALLOWANCES
LN	• Group Term Life Insurance (Non-Legislators)		