RELOCATION CERTIFICATION AND TAX ACKNOWLEDGEMENT

DGS OFS 2022 (Rev. 05/2018)

Fringe benefits and employee business expenses have unique tax withholding requirements, to obtain current rates, see the State Controller's Office (SCO), Payroll Procedures Manual (https://www.sco.ca.gov/ppsd_ppm.html), Section N 171 Withholding Requirements.

Employees have the option of requesting the Department of General Services (DGS) withhold Federal and State Income taxes from their STD 262 Travel Expense Claim (TEC) and be reimbursed for the balance, or request SCO withhold the Federal and State Income taxes directly from their next regular payroll warrant.

Note: Applicable Social Security/Medicare Taxes and State Disability Insurance will be withheld by SCO from the claimant's next regular payroll warrant.

The Relocation Package that was provided to you by your DGS Office should contain the following:

- California Department of Human Resources (CalHR) Rules
- Moving Guide on Household Goods Relocation Information
- State List of Eligible Household Goods Carriers
- Relocation Certification and Tax Acknowledgement (DGS OFS 2022)
- Relocation Distance Test (DGS OFS 2023)
- Standard State (STD) Forms website is https://www.dgsapps.dgs.ca.gov/osp/StatewideFormsWeb/Forms.aspx

STD 255	Moving Service Authorization-Employee Household Goods
STD 255A	Moving Service Authorization/Bid Proposal-Mobile Home
STD 256	Moving/Relocation Expense Approval Request
STD 262	Travel Expense Claim
STD 675	Supplemental Wage Deductions (tax withholding from TEC)
STD 676P	Non-USPS Adjustment Request-Payments (tax withholding from payroll warrant)

CERTIFICATION

I hereby certify that I have read the Relocation Package and I am aware of the tax liability involved in relocation expenses and sale of residence issues. I will pay transportation and related charges for any items moved that are prohibited per CalHR Rule 599.718 or 599.718.1.

I am aware that if I do not continue employment with DGS for two years, I will be required to reimburse DGS for relocation expenses in accordance with the pay back provisions stated in CalHR Rule 599.723(e) or 599.723.1(e).

TAX ACKNOWLEDGEMENT

Please specify your tax withholding choice:

I request DGS withhold Federal & State taxes from my TEC and reimburse me for the balance. (Include the STD 675 Supplemental Wage Deductions form).

I request DGS pay my TEC in full and request SCO withhold Federal and State taxes from my payroll warrant. (Include the STD 676P Non-USPS Adjustment Request-Payments form).

EMPLOYEE NAME	DATE	
EMPLOYEE SIGNATURE		