

See Reverse of Report for Instructions. Form Must be Typed.

| | | | |
|--|--|------------------------|----|
| 1. ACTION (Check appropriate box) | | PAGE | OF |
| A. <input type="checkbox"/> INITIAL SALARY ADVANCE | C. <input type="checkbox"/> PACKAGE INITIAL and OFFSET | | |
| B. <input type="checkbox"/> OFFSET SALARY ADVANCE | D. <input type="checkbox"/> CANCEL SALARY ADVANCE | | |
| 2. EMPLOYEE CBID | | 3A. TAX YEAR | |
| | | 3B. AGENCY/CAMPUS NAME | |
| | | | |

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|---------------------------------|--------------------------|--|---|-----------------------------------|----------------------------------|--------|------------------------------|----|------------|----------------------------|-------|-----------------------|-------------------|
| 4. SOCIAL SECURITY NUMBER | 5. EMPLOYEE NAME | | 6. POSITION NUMBER | | | | 7. PAY PERIOD | | | 8. PT | 9. AC | 10. ST CD | 11. TAXABLE GROSS |
| | INITIALS | LAST NAME | AGENCY | UNIT | CLASS | SERIAL | T | MM | YY | | | | |
| | | | | | | | | | | | | | |
| 12. FEDERAL TAX WITHHELD | 13. STATE TAX WITHHELD | 14. STATE DISABILITY INSURANCE SUBJECT GROSS | 15. STATE DISABILITY INSURANCE WITHHELD | 16. SOCIAL SECURITY SUBJECT GROSS | | | 17. SOCIAL SECURITY WITHHELD | | | 18. MEDICARE SUBJECT GROSS | | 19. MEDICARE WITHHELD | |
| | | | | | | | | | | | | | |
| 20. SOCIAL SECURITY STATE SHARE | 21. MEDICARE STATE SHARE | 22. ISSUE DATE | | | 23. CLEARANCE REPORT INFORMATION | | | | | | | | |
| | | | | | SCO WARRANT NUMBER | | | | ISSUE DATE | | | | |
| | | MM | DD | YY | | | | | MM | DD | YY | | |
| | | | | | | | | | | | | | |

AGENCY/CAMPUS USE ONLY

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|---------------------------------|--------------------------|---|---|-----------------------------------|--|--|------------------------------|----------------------------|-----------------------|
| 24A INITIAL PAID TOTALS | | | | | | | | | |
| 12. FEDERAL TAX WITHHELD | 13. STATE TAX WITHHELD | 14. STATE DISABILITY INSURANCE SUBJECT GROSS | 15. STATE DISABILITY INSURANCE WITHHELD | 16. SOCIAL SECURITY SUBJECT GROSS | | | 17. SOCIAL SECURITY WITHHELD | 18. MEDICARE SUBJECT GROSS | 19. MEDICARE WITHHELD |
| | | | | | | | | | |
| 20. SOCIAL SECURITY STATE SHARE | 21. MEDICARE STATE SHARE | 25. TOTAL AMOUNT PAYABLE TO STATE CONTROLLER'S OFFICE | | | | | | | |
| | | \$ | | | | | | | |

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|---------------------------------|--------------------------|---|---|-----------------------------------|--|--|------------------------------|----------------------------|-----------------------|
| 24B OFFSET TOTALS | | | | | | | | | |
| 12. FEDERAL TAX WITHHELD | 13. STATE TAX WITHHELD | 14. STATE DISABILITY INSURANCE SUBJECT GROSS | 15. STATE DISABILITY INSURANCE WITHHELD | 16. SOCIAL SECURITY SUBJECT GROSS | | | 17. SOCIAL SECURITY WITHHELD | 18. MEDICARE SUBJECT GROSS | 19. MEDICARE WITHHELD |
| | | | | | | | | | |
| 20. SOCIAL SECURITY STATE SHARE | 21. MEDICARE STATE SHARE | 26. SCO WILL REMIT THIS AMOUNT TO AGENCY/CAMPUS TO REIMBURSE REVOLVING FUND | | | | | | | |
| | | \$ | | | | | | | |

27. I CERTIFY THAT I am duly authorized by the herein named state agency to make this report and certification; that the data stated herein is correct, complete and in accordance with all laws and regulations, and that all employees listed herein are entitled to the salary payments made and have taken and filed the oaths required by law.

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| REPORTING OFFICER'S TYPED NAME | |
| REPORTING OFFICER'S SIGNATURE | DATE SIGNED |
| NAME OF INDIVIDUAL COMPLETING THIS FORM (Type) | TELEPHONE NUMBER |

| FOR COMPLETION INSTRUCTIONS REFER TO PAYROLL PROCEDURES MANUAL (PPM) SECTION N 103-111 FORM MUST BE TYPED - SUBMIT SEPARATE FORMS (STD. 422) FOR EACH TAX YEAR | |
|---|---|
| <p>ITEM 1 - Check appropriate box and enter page numbers (Multiple page reporting not to exceed 10 pages)</p> <p>A. For initial reports of salary advance complete Items 1 - 22, line 24A, Items 12 - 21 and 25 and Item 27. Submit original and 1 copy to:</p> <p style="margin-left: 40px;">STATE CONTROLLER'S OFFICE DIVISION OF DISBURSEMENTS AND SUPPORT 3301 C STREET SACRAMENTO, CA 95816-3300 or P.O. BOX 942850 SACRAMENTO, CA 94250-0001</p> <p>B. For offset reports of salary advance complete Items 1 - 23, line 24B, Items 12 - 21 and 26 and Item 27. Submit 2 copies with original signatures.</p> <p>C. For package reporting of salary advance complete Items 1 - 22 and 27 for the initial report and 1 - 23 and 27 for the offset. Submit original forms with original signatures.</p> <p>D. For cancel reports of salary advance complete Items 1 -22, 23 if applicable, 24B if applicable, 26 if applicable and Item 27. Submit 2 copies with original signatures. See PPM Section N 111.</p> <p>NOTE: If Box B, C or D is checked submit forms with original signatures to:</p> <p style="margin-left: 40px;">STATE CONTROLLER'S OFFICE PERSONNEL/PAYROLL SERVICES DIVISION W-2 Unit P.O. BOX 942850 SACRAMENTO, CA 94250-5878</p> | <p>ITEM 11 - Enter TAXABLE GROSS of salary advance. See PPM Section H 102. This taxable gross amount includes Flexible benefit/Consolidated benefit cash option, less Deferred Compensation, Tax Sheltered Annuity, pre-tax/flex deductions, Retirement/Employer Paid Member Contributions (EPMC) amounts and payroll deduction account receivable gross amounts</p> <p>ITEM 12 - Enter Federal tax withheld per PPM Section H 100.</p> <p>ITEM 13 - Enter State tax withheld per PPM Section H 100.</p> <p>ITEM 14 - Enter State Disability Insurance (SDI) subject gross amount of salary advance for employees who are subject to SDI and the maximum contributions have not been withheld. See PPM Section E 801.</p> <p>ITEM 15 - Enter State Disability Insurance withheld per PPM Section E 801.</p> <p>ITEM 16 - Enter Social Security subject gross amount of salary advance which includes Flexible benefit/Consolidated benefit cash option, less pre-tax/flex deductions for employees who are subject to Social Security and the maximum contributions have not been withheld. See PPM Section H 250.</p> <p>ITEM 17 - Enter Social Security withheld per PPM Section H 250.</p> <p>ITEM 18 - Enter Medicare subject gross amount of salary advance which includes Flexible benefit/Consolidated benefit cash option, less pre-tax/flex deductions for employees who are subject to Medicare. See PPM Section H 270.</p> <p>ITEM 19 - Enter Medicare withheld per PPM Section H 270.</p> <p>ITEM 20 - Enter the State share of Social Security per PPM Section H 250.</p> <p>ITEM 21 - Enter the State share of Medicare per PPM Section H 270.</p> <p>ITEM 22 - Enter month, day and year salary advance was issued. NOTE: For multiple page reporting, do not combine different issue years. Submit separate forms of STD. 422 for each issue year.</p> <p>ITEM 23 - Enter SCO Warrant number and issue date for offset reporting.</p> <p>ITEM 24A - Initial/Paid Totals: For single page reporting, enter items 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21. For multiple page reporting, not to exceed 10 pages, total the same items for each employee and enter the grand totals on the last page being reported.</p> <p>ITEM 24B - Offset Totals: Enter Items 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21 on each page.</p> <p>ITEM 25 - Total Amount Payable to State Controller's Office - for single page reporting, total Items 12, 13, 15, 17, 19, 20 and 21 of line 24A and enter in Item 25. For multiple page reporting, total the same items and enter the grand total on the last page being reported in Item 25. Submit one check for single or multiple page reporting, not to exceed 10 pages. If the total amount of taxes shown in Item 24A does not match the amount listed in Item 25 and/or warrant amount, both will be returned. Complete only for Initial Salary Advance.</p> <p>ITEM 26 - Reimbursement amount - Total Items 12, 13, 15, 17, 19, 20 and 21 of line 24B and enter in Item 26. Complete only for Salary Advance Offsets.</p> <p>ITEM 27 - Each page MUST have typed name, signed with original signature and current date. If the offset is a photocopy with signature and date previously completed, countersign and date the copy.</p> |
| <p>ITEM 2 - Enter the employee's CBID.</p> <p>ITEM 3A - Enter tax year.</p> <p>ITEM 3B - Enter Agency/Campus name.</p> <p>ITEM 4 - Enter the employee's Social Security Number.</p> <p>ITEM 5 - Enter the employee's first/middle initials and surname.</p> <p>ITEM 6 - Enter the full position number from which the salary advance was issued.</p> <p>ITEM 7 - Enter appropriate pay period type as follows and month and year for which the salary advance was issued.</p> <p>PAY PERIOD TYPE</p> <p>0 = Monthly 2 = Semi-monthly second half</p> <p>1 = Semi-monthly first half A-E = For Bi-weekly employees, see PPM Section B 007</p> <p>ITEM 8 - Enter appropriate payment type. See PPM Section B 002. NOTE: Do not report payment types 6, K, N or P.</p> <p>ITEM 9 - Enter appropriate adjustment code as follows:</p> <p>0 = Original not adjustment 4 = Adjustment of time base fraction</p> <p>1 = Adjustment of time worked 5 = Adjustment of both time base fraction and salary rate.</p> <p>2 = Adjustment of salary rate</p> <p>3 = Adjustment of both time worked and salary rate. 6 = Adjustment to gross.</p> <p>ITEM 10 - Enter appropriate State Code as follows (see PPM Section B 013):</p> <p>CA = California</p> <p>NY = New York</p> <p>IL = Illinois</p> <p>BLANK = All Others</p> | |