

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

STD. 676P (REV. 11/2018)

SUBMIT COMPLETED REQUEST TO:
State Controller's Office
Personnel/Payroll Services Division
ATTN: W-2 Unit
PO Box 942850
Sacramento, CA 94250-5878

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.
For additional information, including Volume Processing Information,
refer to the State Controller's Office, Payroll Procedures Manual (PPM), Section N.
Submit only original.

P

A. ITEM CODE	B. ITEM DESCRIPTION	C. TAX YEAR	D. PAGE	OF

SOCIAL SECURITY NUMBER (1)	FIRST INITIAL (2)	LAST NAME (2)	POSITION		PAY PERIOD (5) MM/YY	GROSS AMOUNT SUBJECT TO WITHHOLDING (6)	GROSS AMOUNT NOT SUBJECT TO WITHHOLDING (7)	STATE CODE (8)	ISSUE DATE (9) MM/DD/YY
			AGENCY (3)	UNIT (4)					
(10) TOTAL ENTRIES						TOTAL SUBJECT TO WITHHOLDING	TOTAL NOT SUBJECT TO WITHHOLDING		

AGENCY/CAMPUS NAME

I certify that I am duly authorized by the herein named state agency to make this report and certification; that data stated herein is correct, complete and in accordance with all laws and regulations.
I have a completed signature card (PPSD8A) on file with the State Controller's Office for STD. 676P and 676V.

REPORTING OFFICER'S SIGNATURE	REPORTING OFFICER'S PRINTED NAME	DATE SIGNED
TYPED OR PRINTED NAME OF INDIVIDUAL COMPLETING THIS REQUEST		TELEPHONE NUMBER (Include Area Code)
MAILING ADDRESS FOR INQUIRIES REGARDING THIS FORM	STREET ADDRESS	CITY, STATE AND ZIP CODE

FORMS MUST BE COMPLETELY FILLED OUT

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

P

STD. 676P (REV. 11/2018) (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. 676P 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. 676P is required for each Item Code. Enter the two character ALPHA code, below, for the benefit being reported.

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

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

- If the employee receives reimbursement via revolving fund check, tax year is the calendar year in which the revolving fund check is issued.
- If the employee receives reimbursement via the State Controller's Office Claims Process, the tax year is the calendar year in which the warrant is issued.
- If tax year does not agree with the issue date year (column 9), issue date year will be used.

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 whether reporting reimbursement via revolving fund check or claim warrant.
6. Enter the gross amount subject to withholding.
7. Enter the gross amount **NOT** subject to withholding. This column is used **ONLY** to report the "UP TO" amounts of:
 - Standard Business Mileage;
 - Moving Expense Mileage Reimbursements; or
 - The non-taxable portion of Moving Expense Relocation reimbursement.

COLUMN

8. Enter the State Code-- **CA**, California
IL, Illinois
NY, New York
Blank, all others
- NOTE: FOR VAN POOL DRIVER AND DISCOUNT TRAVEL/ TRANSIT PASSES, LEAVE STATE CODE BLANK.**
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.
 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 DESCRIPTION

- AIRCRAFT**
- AR • Reimbursement Plans
- AWARDS/BONUSES/INCENTIVES**
- AE • Employee Recognition and Morale Program (CS)
 - AH • Health and Safety Incentive Award Program (CS)
 - AS • Safety Incentive Award Program (CS)
 - IM • Miscellaneous Incentive Programs
 - IT • Incentives Provided by Third Parties

BC BICYCLE COMMUTER REIMBURSEMENT

BM BICYCLE MILEAGE

CAR MILEAGE

- CB • Call Back Mileage
- CC • Commuter Mileage
- CR • Remote Headquarters Mileage
- CS • Standard Business Mileage

EA EDUCATIONAL ASSISTANCE

EE ENTERTAINMENT EXPENSES

EL ELECTRONIC DEVICES

HOUSING

- HE • Executive Housing Expense (CSU)
- HR • Reimbursement Plans
- HT • Possessory Interest Tax

DM PROFESSIONAL/NONPROFESSIONAL DUES AND MEMBERSHIPS TA TOOL ALLOWANCES (CS)

ITEM CODE DESCRIPTION

LONG-TERM TRAVEL

- ML • Meals and/or Lodging
- MP • Meals Less than 24-Hour Travel
- MP • Non-Receipted Lodging
- MP • State Per Diem
- MS • Local Meals
- MT • Local Lodging
- MP • Meals Less than 24-Hour Travel
- MA • Airfare Long Term Travel
- MC • Car Rental Long Term Travel

MEALS

- MP • Medical Officer of the Day
- OM • Overtime Meals

MOVING EXPENSES

- MR • Relocation Expense (Qualified)
- MM • Relocation Mileage (Qualified)
- MN • Relocation Expense (Non-Qualified)
- MX • Relocation Mileage (Non-Qualified)

TIPS/GRATUITIES

- TI • Tips
- TG • Gratuities

TRANSPORTATION SUBSIDIES

- TD • Discount Travel/Transit Passes
- TH • Commuter Highway Vehicle
- TV • Van Pool Driver (CS)

UA UNIFORM ALLOWANCES