

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

STD. 676V (REV. 9/2020) (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 - 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 / TRAVEL 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 DESCRIPTION

- AIRCRAFT**
- AR** • Reimbursement Plans
- AWARDS/BONUSES/INCENTIVES**
- AL** • Lottery Sales Recognition Program (CS)
- AI** • Rideshare Incentive Award Program
- AM** • Merit Award Program (Cash Equivalent)
- II** • Miscellaneous Incentive Programs
- IE** • Incentives Provided by Third Parties (Cash Equivalent)
- CARS**
- CP** • Personal Use of State Vehicle
- CV** • Vehicle Provided by Third Parties
- DEBIT CARDS**
- DH** • Health Care Reimbursement Account (CSU)
- EA EDUCATIONAL ASSISTANCE**
- EL ELECTRONIC DEVICES**
- HOUSING**
- HE** • Executive Housing Expense
- HR** • Reimbursement Plans
- HV** • Value of State Housing
- LIFE INSURANCE**
- LL** • Group Term Life Insurance (Legislators)
- LN** • Group Term Life Insurance (Non-Legislators)
- LONG-TERM TRAVEL**
- ML** • Meals and or Lodging
- MA** • Airfare Long Term Travel
- MC** • Car Rental Long Term Travel

ITEM CODE DESCRIPTION

- LOAN PROGRAMS**
- LF** • Forgiveable Loan / Doctoral Incentive Program (CSU)
- LA** • Loan Assumption Program (CS)
- LP** • Loan Forgiveness Program (CS)
- MEALS**
- MP** • Medical Officer of the Day
- OM** • Overtime Meals
- MV** • Qualified Moving/Relocation Expense - Third Party Payment
- OP OUT PLACEMENT**
- DM PROFESSIONAL/NONPROFESSIONAL DUES AND MEMBERSHIPS)**
- TX TICKETS**
- SCHOLARSHIPS**
- SC** • Fee Waiver Program (CSU)
- TRANSPORTATION SUBSIDIES**
- TC** • Car / Van Pool (CSU)
- TH** • Commuter Highway Vehicle (CSU)
- TD** • Discount Travel / Travel Pass
- TE** • Employer-Provided Parking
- UA UNIFORM ALLOWANCES**