

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243). See also retirement beneficiary information on reverse side of employee copy.

PERSONNEL OFFICE USE			
A	01 AGENCY	02 UNIT	03 KEYED BY
			04 DATE KEYED

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. **RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY. NO CARBON REQUIRED.**

B 01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change } SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
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NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.			NAME CHANGE	
C 01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL	D FORMER NAME (Last, First, and Middle)	

WITHHOLDING ALLOWANCE CHANGE OR NEW EMPLOYEE *IMPORTANT***** Before completing Section E, you must read Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)

<p>E I. FEDERAL AND STATE ALLOWANCE – For Tax Purposes Only. If no tax should be withheld, complete Part IV or V only.</p> <p>01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy)</p> <p>02 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)</p> <p><input type="checkbox"/> SINGLE</p> <p><input type="checkbox"/> MARRIED</p> <p>03 <input style="width: 50px;" type="text"/> TOTAL - Number of allowances you are claiming</p> <p>NOTE: Employers may be required to notify IRS of the number of allowances claimed.</p> <p>II. SPECIAL TREATMENT OF STATE ALLOWANCES - Complete boxes 04 thru 06 if you wish your State withholding to be different than what you claim for Federal withholding. <i>IF BOXES ARE NOT COMPLETED, CURRENT SPECIAL TREATMENT (IF ANY) WILL BE CANCELLED.</i></p> <p>04 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)</p> <p><input type="checkbox"/> SINGLE</p> <p><input type="checkbox"/> MARRIED</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p> <p>05 <input style="width: 50px;" type="text"/> REGULAR ALLOWANCE(S) Total you are claiming</p> <p>06 <input style="width: 50px;" type="text"/> ADDITIONAL ALLOWANCE(S) Total you are claiming</p> <p>NOTE: Employers may be required to notify the Employment Development Department (EDD) if more than 10 allowances are claimed.</p>	<p>III. ADDITIONAL DEDUCTIONS – Complete box(es) 06 and/or 07 if you wish additional Federal and/or State tax withheld from your wages. Part I (and Part II, if your State allowance claim differs from your Federal) must be completed. The first deduction will be made from your earnings for the pay period in which this form is processed. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE CANCELLED.</p> <p>I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. I understand that if boxes are not completed, current deductions, if any, will be cancelled.</p> <p>06 <input style="width: 50px;" type="text"/> FEDERAL ADDITIONAL DEDUCTION</p> <p>07 <input style="width: 50px;" type="text"/> STATE ADDITIONAL DEDUCTION</p> <p>IV. EXEMPTION FROM WITHHOLDING – Check box 08 if you are eligible to claim exemption from withholding. No Federal or State income tax will be withheld from your wages. DO NOT COMPLETE PARTS I, II, OR III. (See General Information on reverse, employee copy.)</p> <p>08 <input type="checkbox"/> <i>I claim exemption from withholding because of no tax liability: Last year I did not owe any income tax and had a right to a full refund of ALL income tax withheld, AND this year I do not expect to owe any income tax and expect to have a right to a full refund of ALL income tax withheld.</i></p> <p>NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.</p> <p>V. NONTAXABLE WAGES – Check box 09 if wages you will receive are not subject to income tax withholding.</p> <p>09 <input type="checkbox"/> I claim that the wages I will be receiving from the State are either a 1) MINISTER OF A CHURCH in the exercise of his/her ministry, 2) NONIMMIGRANT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse, employee copy.)</p>
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ADDRESS CHANGE OR NEW EMPLOYEE *See reverse, employee copy			
01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
04 EMPLOYMENT LIST			
<input type="checkbox"/> Check this box and enter your phone number(s) if your address is changing and your name appears on any departmental employment list. (See back, employee copy)			
	WORK PHONE	HOME PHONE	

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS					
01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED
		MO YR			MO YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION	EMPLOYEE SIGNATURE	PERSONNEL OFFICE USE
H BIRTHDATE MO DAY YR	<p>I I certify that the above information is true and correct and that I have read the IRS Form W-4 and the applicable State form. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no tax liability for last year and that I anticipate that I will incur no liability this year. I authorize my employer via the State Controller's Office to refund any overcollection of current/prior year Social Security and Medicare taxes; I certify that I shall not claim a tax refund or credit for these overcollections.</p>	<p>J REVIEWER'S SIGNATURE</p> <p>DATE PHONE NUMBER</p>
	EMPLOYEE'S SIGNATURE DATE	

INFORMATION FOR EMPLOYEES COVERED BY THE CALIFORNIA PUBLIC EMPLOYEES’ RETIREMENT SYSTEM (CalPERS)

You are entering into membership in the California Public Employees’ Retirement System (CalPERS) which provides you and your fellow State employees with retirement and other benefits. Member contributions, those contributions made by the State of California, and the interest earned on investments provide for service retirement, disability retirement, and death benefits. An information booklet is available from your personnel office. The booklet describes your particular benefit coverage in detail.

BENEFICIARIES FOR PRE-RETIREMENT SURVIVOR BENEFITS

1. **STATUTORY BENEFICIARIES** - If you should pass away prior to retirement and you do not name other beneficiaries, survivor benefits will be paid in the following order:
 - a. Your spouse or registered domestic partner.
 - b. If you have no spouse or domestic partner, your biological and adopted children (share and share alike).
 - c. If you have no spouse, domestic partner, or children, your parents (share and share alike).
 - d. If you have no spouse, domestic partner, children, or parents, your siblings (share and share alike).
 - e. If you have none of the above, the benefits will be paid to your probated estate. If your estate will not be probated, payment will be made to your trust. If you have no trust, payment will be made to the next of kin provided by law (Section 21493).
2. **NAMING DIFFERENT BENEFICIARIES** – If you wish, you may at any time name different beneficiaries. To do so, you must file with CalPERS, a Pre-Retirement Lump Sum Beneficiary Designation, obtainable from your personnel office.

Each time you have a change in marital or domestic partnership status, you acquire a child by birth or adoption, or you terminate CalPERS membership by withdrawal of contributions, the California Public Employees’ Retirement Law will automatically revoke any previously named beneficiaries and establish statutory beneficiaries as listed in Item No. 1. If the statutory beneficiaries are not satisfactory, you must file a new Pre-Retirement Lump Sum Beneficiary Designation to reflect your desired change.

RESTORATION OR PURCHASE OF RETIREMENT SERVICE CREDIT

If you were a former member of the California Public Employees’ Retirement System (CalPERS) and withdrew your contributions, you have the right to redeposit those funds and restore your previous service. You may also have the right to receive retirement service credit for employment in which you were not a CalPERS member. In most cases, purchasing service credit will increase your potential retirement benefits. Information on the restoration or purchase of retirement service credit may be obtained by visiting the CalPERS website at www.calpers.ca.gov or by writing to the California Public Employees’ Retirement System, Member Account Management Division – P.O. Box 4000, Sacramento, CA 95812-4000.

GENERAL INFORMATION

TAXES

IF YOU ARE A NONRESIDENT ALIEN PER INTERNAL REVENUE SERVICE (IRS) NOTICE 2005-76, check the Nonresident Alien box. If you have questions as to whether you should mark this box, you should contact your human resources office.

IF YOU ARE EXEMPT FROM EITHER FEDERAL OR STATE WITHHOLDING, but not exempt from both, contact your personnel office for special instructions.

IF YOU WILL RECEIVE NONTAXABLE WAGES, please indicate the reason on your withholding claim in the space provided. The reason must be one of the following:

- a. “Minister of the church in the exercise of his / her ministry” – employed by the State of California as a Chaplain.
- b. “Nonimmigrant Alien per Tax Treaty” (indicate on claim: “Exempt per Article _____ of treaty between United States and (Country).”) Tax Treaty must cite exemption from both Federal and State personal income tax to qualify for this exemption.
- c. “Deceased Employee Wages” – agency administrative action.

IF YOU HAVE ANY QUESTIONS REGARDING YOUR ELIGIBILITY UNDER ANY OF THE ABOVE REASONS, you should contact your local Internal Revenue Service office or the Employment Tax District Office of the Employment Development Department.

EMPLOYEES WITH TWO OR MORE CONCURRENT JOBS WITH THE STATE OF CALIFORNIA. The allowances you claim on this form will be used for tax withholding purposes for all wages paid under the Uniform State Payroll System. The Uniform State Payroll System includes all California State Agencies (except as noted below) and the California State Universities. It does not include the California Agricultural Associations, the University of California, or Legislative employees.

IF YOUR NORMAL LOCATION OF EMPLOYMENT IS NOT IN CALIFORNIA and you are a California State employee, you may be eligible to have income tax for another state withheld from your wages under the reciprocity provisions required by G.C. 1170.5. Contact your personnel office for additional information.

ADDRESS CHANGE

IF YOU HAVE DEDUCTIONS, you must change your address with the deduction company. This form does not affect an address change with deduction companies.

IF YOUR NAME APPEARS ON ANY DEPARTMENTAL EMPLOYMENT LIST (Open, Promotional, Reemployment, etc.), and your address is changing, check Box 04 and enter your phone number(s) in Section F. Your department will update the appropriate list(s) with this information.

PRIVACY NOTIFICATION

The Information Practices Act of 1977 (California Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a, subd. (e)(3)) require this notice to be provided when collecting personal information from individuals.

The information you are asked to provide on this form is requested by the Office of the State Controller, Personnel/Payroll Services Division. The information will be used by the State Controller’s Office for personnel, payroll, retirement, and health benefits processing.

Furnishing the information requested on this form is mandatory except for Prior Public Employment (Section G). Furnishing prior public employment information is voluntary. Noncompliance in providing your social security number and name will result in refusal of employment. Failure to furnish other requested information may result in inaccurate determination of credit for State service, payroll calculations, retirement, and/or health benefits.

Legal references authorizing the maintenance of this information by the State Controller’s Office include: Federal Internal Revenue Code (26 USC Sections 3402(a), 6011, 6051, and 6109) and the regulations thereto; Federal Public Health and Welfare Code (42 USC Section 403); and California

Government Code Sections 12470 through 12479 and 16391 through 16395; California Unemployment Insurance Code Section 13020; delegated authority from the State Personnel Board; and delegated authority from the Trustees of the California State University.

Certain items of information furnished on this form may be transferred to the following governmental or private agencies where authorized by law; State Personnel Board, Department of Personnel Administration, Trustees of the California State University, Employment Development Department, Department of Social Services, Department of Finance, Public Employees’ Retirement System, employing State agencies and campuses, Social Security Administration, Federal Internal Revenue Service, California State Franchise Tax Board, other State income tax bureaus and other governmental entities when required by State or Federal law, organizations for which deductions are authorized by law, and collective bargaining organizations.

Employees have the right to review their own personal information maintained by the State Controller’s Office unless access is exempted by law. Contact: Personnel/Payroll Services Division, State Controller’s Office, P.O. Box 942850, Sacramento, CA 94250-5878.