STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

# EMDI OVEE ACTION DEOLIEST

Who is authorized to receive your pay warrant in case of death? Contact your

PERSONNEL OFFICE USE

01 AGENCY 02 UNIT 03 KEYED BY 04 DATE KEYED

			(FRONT)			pe	ersonnel office to	0. 243).	J	A								
CHECK		OR MO	RE BOX(	ES) AND COMPLETE	LISTED SECTIO	ONS.				RETURN		TED FORM TO YOU				RALL POINT PEN		NT CI FARI Y
<b>B</b> 01			New E	<b>mployee</b> C, E, F, G, H, I	03	Withhold Allowance C SECTIONS (	hange	04 🔲 * <b>A</b>	ddre		05	Name Ch (Attach subst SECTIONS	ang antia	e tion)	07	Birthdat		tion
NOTE: S	Social S	Security N	lumber ar	id Last Name, First Name	, and Middle Initi	al must be entered	d exactly as show	n on Social Secu	urity ca	ard.			NA	ME CHANG	Ė			
<b>C</b> 01	SOCI	AL SECUF	RITY NUME	BER	02 EMPLOYE	EE LAST NAME	Ξ			03 FIRST NAME AND MIDDLE INITIAL  FORMER NAME (Last, First, and Middle)  D								
WITH	IOLDI	NG CH	ANGE OF	NEW EMPLOYEE	***IM	IPORTANT*** Be	efore completing	Section E, you r	nust re	ead the instructions on Interna	al Revenue	Service (IRS) Form \	N-4 ar	nd the applica	ble state t	ax form. (For Cali	fornia, use	Form DE-4)
01       NORESIDENT ALLEIN       04       (Must be Y)         (See reverse, employee copy)       02       MARITAL STATUS FOR TAX PURPOSES ONLY       05         02       SINGLE       06       07         03       EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in b         03       EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in b         04       07         03       EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in b         04       07         05       07         06       07         07       03         08       MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)         08       MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)         09       REGULA Total you         01       ADDITION					HIGHER WITH (Must be Y or N. CL AM OT NO DE EXEMPT in box 0: (S te Part IV or V only REGULAR A Total you are	ITHHOLDING         or N. See reverse)         CLAIM DEPENDENTS         AMOUNT MUST BE A WHOLE NUMBER         OTHER INCOME         NOT FROM JOBS         DEDUCTIONS         ox 03 if you are eligible to claim         (See reverse)         only.         R ALLOWANCE(S)         are claiming         DNAL ALLOWANCE(S)			<ul> <li>III. ADDITIONAL DEDUCTIONS – Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCT (IF ANY) WILL BE CANCELLED. The first deduction will be made from your earnings for the pay period in which this is processed. Must be a dollar amount.</li> <li>I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amo specified below.</li> <li>III FEDERAL ADDITIONAL DEDUCTION 12 STATE ADDITIONAL DEDUCTION 12 ADDITIONAL DEDUCTION</li> <li>IV. EXEMPTION FROM WITHHOLDING – Write/type EXEMPT in box 13 if you are eligible to claim exemption frow withholding. No Federal or State income tax will be withheld from your wages. DO NOT COMPLETE PARTS I, II, OR (See General Information on reverse.)</li> <li>By writing/typing EXEMPT, I claim exemption from withholding because of no tax liability: Last year I did not owe any income tax and expect to have a right to a full refund of ALL income tax withheld.</li> <li>NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.</li> <li>I ANONTAXABLE WAGES – Check box 14 if wages you will receive are not subject to income tax withholding.</li> <li>I Claim that the wages I will be receiving from the State are either a 1) MINISTER OF A CHURCH in the exercing of his/her ministry, 2) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse)</li> </ul>							JCTIONS his form mount UCTION from DR III.		
ADDR	ESS CI	HANGE	OR NEW	EMPLOYEE *S	ee reverse.										_			
<b>F</b> 01	01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)									02 CITY					STATE	03 ZIP CODE		
04	EMPL		ck this box	and enter your phone nu on any departmental em			WOR g and your	K PHONE	I			HOME PHONE			1			
NEW E	MPLC	<b>YEE -</b> T	HIS INFOR	MATION MAY BE USED TO	D LOCATE PRIOR	PUBLIC EMPLOYN	IENT SERVICE FOR	STATE SERVICE		DITS AND/OR RETIREMENT SYS	TEM BENE	FITS						
G 01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY 02 LAST NAME (if different OR CAMPUS OF:								03 SEPARAT MO Y	̈́ED (	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)							06 SE MO	PARATED
		YEE OI		EMPLOYEE SIGNAT	URE								_					
BIRTHDATE CORRECTION				penalties of perj number to which anticipate that I	ury, I certify th h I am entitled. will incur no li year Social Sec	at the number of If claiming exem ability this year.	nd correct and that I have read the IR of withholding exemptions and allow comption from withholding, I certify t ar. I authorize my employer via the S dicare taxes; I certify that I shall not			vances claimed on this certif at I incurred no tax liability ate Controller's Office to re	ficate doe y for last efund any for these	tte does not exceed the or last year and that I nd any overcollection			OFFICE USE I'S SIGNATURE			
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STD. 686 (REV 10/2022)(REVERSE)

### 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**

For information regarding CalPERS beneficiaries for Survivor Benefits, please go to www.calpers.ca.gov, and use the search engine to locate information on Beneficiary Designations.

#### **RESTORATION OR PURCHASE OF RETIREMENT SERVICE CREDIT**

You may be eligible to increase your CalPERS service credit through a service credit purchase and the more service credit you have at retirement, the higher your monthly benefit may be. Information on the purchase or redeposit of retirement service credit may be obtained by visiting the CalPERS website at <u>www.calpers.ca.gov</u>.

#### 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.

#### GENERAL TAX INFORMATION

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 STATE WITHHOLDING ONLY, but not exempt from federal and state, contact your personnel office for special instructions.

IF YOU ARE EXEMPT FROM FEDERAL WITHHOLDING ONLY, Write/type EXEMPT in box 03 if you are eligible to claim exemption from federal withholding. No Federal income tax will be withheld from your wages.

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. "Nonresident 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.

#### STATE

#### **MUST BE COMPLETED, EFFECTIVE 2020**

For important information regarding these items , you must read <u>Employment Development Department</u> (EDD) Form DE-4.

09. REGULAR ALLOWANCES: Total Number of Allowances you are claiming.

**10. ADDITIONAL ALLOWANCES:** If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances.

## FEDERAL

#### NEW ITEMS, EFFECTIVE 2020

For important information regarding these items , you must read the <u>Internal Revenue Service</u> (IRS) Form W-4. **04. HIGHER WITHHOLDING (TWO JOB INDICATOR - STEP 2(C) ON THE IRS 2020 FORM W-4):** 

#### Y- YES TO HIGHER WITHOLDING N - NO TO HIGHER WITHOLDING

**05. CLAIM DEPENDENTS**: Enter the annual amount to be claimed. This is the amount for the child tax credit and the credits for other dependents that may be claimed on your tax return.

**06. OTHER INCOME (NOT FROM JOBS)**: Enter the total dollar amount of other estimated income for the year, if any. This does not include income from other jobs. This may include, interest dividends and retirement income.

**07. DEDUCTIONS**: Enter the resulting amount from the Deductions Worksheet on the IRS Form W-4, if you expect to claim deductions other than the basic standard deductions on the current year's tax return.

#### 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 Human Resources, 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.