STD. 995A (REV. 10/2019)

NON-USPS--AGENCY COLLECTION ACCOUNTS RECEIVABLE

| NUN-USPSAGENCY | COLLECTION ACCOUNTS | RECEIVABLE |
|----------------|---------------------|------------|
| | | |

Complete and submit to: State Controller, PPSD - W-2 Unit

| ΤΔΥ | YFAR | COLLECTED |) |
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| IMA | ILAN | COLLECTE | , |

| Remittance Advice Number | D |
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The following payments to clear Payroll Accounts Receivable have been submitted to the State Controller's Office on:

| SOCIAL SECURITY NUMBER | EMPLOYEE NAME (First Initial, Middle Initial, Surname) | PAYMENT TYPE | PAY PERIOD OF A/R (Month/Year) | ISSUE DATE OF A/R (Month/Day/Year) | A/R NUMBER (5 Digits) | AMOUNT COLLECTED |
|------------------------|---|-----------------|--------------------------------------|------------------------------------|---------------------------|---------------------|
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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.

| REPORTING OFFICER'S SIGNATURE | DATE |
|--|--|
| | |
| TYPE OR PRINT NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS FORM | TELEPHONE NUMBER (Include Area Code or use CALNET) |
| | () |
| FROM (Anency Name) | |