STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

EMPLOYEE ACTION REQUEST

MO

DAY

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

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

TD.	D. 686 (REV 10/2022)(FRONT)	personnel office to t	update your design	lee's name or address (Form STD.	. 243).	A		
HE	ECK ONE OR MORE BOX(ES) AND COMPLETE L	ISTED SECTIONS.		RETURN	COMPLETED FORM TO YOU	JR PERSONNEL OF	FICE. USE BALLPOINT	PEN AND PRINT CLEARLY
В	01 New Employee SECTIONS C, E, F, G, H, I	03 Withholding Allowance Change SECTIONS C, E, I	04 **Add	ress Change SECTIONS C, F, I	Name C (Attach subs SECTION	stantiation)	10/	ndate Correction ECTIONS C, H, I
ЮТ	TE: Social Security Number and Last Name, First Name,	and Middle Initial must be entered exactly as shown	on Social Security	card.		NAME CHANG	SE	
С	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME		03 FIRST NAME AND MIDDLE I	INITIAL	D FORMER N.	AME (Last, First, and Mi	ddle)
VIT	THHOLDING CHANGE OR NEW EMPLOYEE	***IMPORTANT*** Before completing S	Section E, you must	t read the instructions on Internal	I Revenue Service (IRS) Form	W-4 and the applic	cable state tax form. (Fo	r California, use Form DE-4)
П	(See reverse, employee copy) 02 MARITAL STATUS FOR TAX PURPOSES ONLY SINGLE MARRIED HEAD OF HOUSEHOLD 03 EXEMPT FROM FEDERAL WITHHOLDIN exemption from Federal withholding. 03 II. STATE ALLOWANCES - If no tax should be wi 08 MARITAL STATUS FOR TAX PURPOSES ONLY SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)	HIGHER WITHHOLDING (Must be Y or N. See reverse) CLAIM DEPENDER AMOUNT MUST BE A WHOTH FROM JOBS OF DEDUCTIONS NG - Write/type EXEMPT in box 03 if you are eligible (See reverse) thheld, complete Part IV or V only.	e to claim	I hereby authorize the State C specified below. IV. EXEMPTION FROM W withholding. No Federal C (See General Information By writing/typing EXEMPT, I any income tax and had a rowe any income tax and ex NOTE: This exemption w year unless you f	r State tax withheld from you LED. The first deduction will dollar amount. Controller to deduct monthly FEDERAL ADDITIONAL DEDUCTION THE ADDITIONAL DEDUCTION TO State income tax will be woon reverse.) claim exemption from withhous a full refund of ALL in expect to have a right to a full will automatically expire on file a new certification by James and the state of	r wages. IF BOXES be made from your from my wages the DON 12 EXEMPT in box 13 ithheld from your validing because of no accome tax withheld refund of ALL income tax withheld refund of ALL income tax with anuary 31 of next you will receive are in the State are either	ARE NOT COMPLETED, rearnings for the pay portion of	CURRENT DEDUCTIONS eriod in which this form d/or State tax amount TE DITIONAL DEDUCTION aim exemption from ETE PARTS I, II, OR III. did not owe expect to ax withholding. JRCH in the exercise
D	DRESS CHANGE OR NEW EMPLOYEE *Se	e reverse.						
F	01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Bo	WORI	K PHONE	02 СІТҮ	HOME PHONE		STATE 03	ZIP CODE
	Check this box and enter your phone null name appears on any departmental emp	mber(s) if your address is changing and your ployment list. (See reverse.)						
IEV	W EMPLOYEE - THIS INFORMATION MAY BE USED TO	<u> </u>	STATE SERVICE CR	EDITS AND/OR RETIREMENT SYST	TEM BENEFITS			
G	01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED MO YR	04 LAST EMPLOYED BY CALIFO (City, County, Public School		05 LAST NAME (if o	different)	06 SEPARATED MO YR
IFV	W EMPLOYEE OR EMPLOYEE SIGNATU	IRF	INO IN					IVIO TR
	BIRTHDATE BIRTHDATE BIRTHDATE I certify that the a penalties of perjunumber to which anticipate that I v	where information is true and correct and that try, I certify that the number of withholding exel am entitled. If claiming exemption from with will incur no liability this year. I authorize my clear Social Security and Medicare taxes; I cert	emptions and allo holding, I certify employer via the	wances claimed on this certific that I incurred no tax liability State Controller's Office to re	icate does not exceed the for last year and that I fund any overcollection	PERSONNEL O	OFFICE USE S SIGNATURE	*
	EMPLOYEE'S SIGNA				DATE	DATE	PHONE NU	MBER

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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 www.calpers.ca.gov.

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 eliqible 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 Internal Revenue Service (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 harmaning 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.