

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

WITHHOLDING CHANGE OR NEW EMPLOYEE

**\*\*\*IMPORTANT\*\*\***

Before completing Section E, you must read the instructions on Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form

I claim that the wages I will be receiving from the State are either a 1) MINISTER OF A CHURCH in the exercise of i T\* (personnel office to update your designee's name or address (Form STD. 243). )TJ EMC /Content <</MCI

## 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 [calpers.ca.gov](http://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 restoration of retirement service credit may be obtained by visiting the CalPERS website at [calpers.ca.gov](http://calpers.ca.gov).

### ADDRESS CHANGE

IF YOU HAVE DEDUCTIONS, you must change your address with the deduction company. This form does not affect 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 personnel office will update the appropriate list(s) with this information.

### GENERAL TAX INFORMATION

IF YOU ARE A NONRESIDENT ALIEN PER INTERNAL REVENUE SERVICE (IRS) NOTICE 2005-26, 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, type EXEMPT in box 03 if you are eligible to claim exemption from federal withholding. 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:

- “Minister of the church in the exercise of his / her ministry” – employed by the State of California as a Chaplain.
- “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.
- “Deceased Employee Wages” – agency administrative action.

IF YOU HAVE ANY QUESTIONS REGARDING YOUR ELIGIBILITY UNDER ANY OF THE ABOVE REASONS, 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 percentages 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: If 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.

### 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