The Payroll/Personnel System (PPS) contains a template of the 2004 W-4/DE4 form for tax withholding. The template needs to be changed for transactions that are processed for the year 2005.

Process:

Data elements:  EDB 0338 - W-4 Process Date  
                 EDB 0339 - DE4 Process Date

The process date is tied to the year of the template. If the process date = 1/1/05 or later, then the 2005 template is to be used.

See attached sample of form (rev 2/10/05).

Implementation:  Must be implemented for the 2005 calendar year.
NAME (LAST, FIRST, MIDDLE)  

PRESIDENT, EXEC  

HOME ADDRESS (NUMBER & STREET OR RURAL ROUTE)  

CITY OR TOWN, STATE AND ZIP CODE  

SAN FRANCISCO, CA 94115  

SOCIAL SECURITY NBR  

BIRTHDATE  

1440 FILLMORE STREET  

552-14-2011  

02/01/45  

I. FEDERAL TAX FILING STATUS AND ALLOWANCES  

Marital Status (Note: If married, but legally separated, or spouse is a nonresident alien, enter "S" for single.) Enter only one code: S, Single or Married but wish to withhold at higher single rate, or M, Married  

Marital Status - Total number of allowances you are claiming (see yellow worksheets). If you are claiming exemption from Federal tax withholding, complete Section III below.  

010*  

II. STATE TAX FILING STATUS AND ALLOWANCES  

Marital Status - Enter only one code: S, Single or Married (with two or more incomes), M, Married (one income), H, Head of Household  

Marital Status - Number of allowances you are claiming for this job from Worksheet A, Regular Withholding Allowance (see green worksheets). OR  

If you are exempt from California income tax because you a nonresident of the State of California and are earning compensation while located outside the State, enter 997 in the box to the far right.  

004*  

Complete and attach the Out-of-State Withholding form, UPAY830.  

3. Additional Withholding Allowances - Number of allowances from Worksheet B, Estimated Deductions (see green worksheets).  

004*  

III. EXEMPTION FROM TAX WITHHOLDING (NONRESIDENT ALIENS-DO NOT COMPLETE THIS SECTION)  

I claim exemption from Federal and State withholding for 2005 and I certify that I meet BOTH of the following conditions for exemption:  

1. Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND:  

2. This year I expect a refund of ALL income tax withheld because I expect to have NO tax liability. (If you claim exemption from withholding, it will automatically expire on February 15 of next year unless you file a new UC W-4/DE4 on or before February 15 of next year.)  

If you meet BOTH conditions, enter "EXEMPT" here  

IV. ADDITIONAL TAX WITHHOLDING Additional amount, if any, you want deducted each month. Completion of this section is optional. NONRESIDENT ALIENS--REFER TO INSTRUCTIONS ON BACK OF THIS PAGE.  

1. ADDITIONAL FEDERAL TAX WITHHOLDING (Enter additional MONTHLY amount in box to far right OR to Cancel additional amount, enter "*" in box to far right.)  

100.00*  

CHECK APPROPRIATE BOX--> ___NEW ___CHANGE ___CANCEL
2. ADDITIONAL STATE TAX WITHHOLDING (Enter additional MONTHLY amount in box to far right OR to Cancel additional amount, enter "***" in the box to far right.)

   CHECK APPROPRIATE BOX--> __NEW  __CHANGE  __CANCEL

   Whether you are entitled to claim a certain number of allowances or exemption from ** withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

   CERTIFICATION: Under penalties of perjury, I certify that the number of withholding ** allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status. I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

   EMPLOYEE'S SIGNATURE: PPS01/05/05PAYJXQ

   EMPLOYER'S CERTIFICATION: To the best of the University's knowledge, this electronic form W-4/DE4 was filed by the named employee: OR an original paper form is on file in the Office of Record.

   * Indicates changed data

   RETN 3 YEARS AFTER EMPLOYEE TERMINATES

   **FOR PRIVACY NOTIFICATIONS SEE REVERSE SIDE OF THIS PAGE

   **THIS IS AN ELECTRONIC VERSION OF THE FIRST PAGE OF FORM UC W-4/DE4. REFERENCE TO INSTRUCTIONS, WORKSHEETS, OR PRIVACY NOTIFICATIONS INDICATED ON THIS ELECTRONIC FORM MAY BE OBTAINED FROM THE ACTUAL PAPER FORM BY CONTACTING YOUR DEPARTMENTAL ASSISTANT OR PAYROLL OFFICE.