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INFORMATION SYSTEMS & ADMINISTRATIVE SERVICES

SERVICE REQUEST

UISAS 160 (R 7/94)

300 LAKESIDE DR, 8TH FLOOR, OAKLAND, CA 94612-3550

14893

- [ ] RETRIEVAL OF INFORMATION
- [x] MODIFICATION TO SYSTEM
- [ ] PRODUCTION RUN OF SYSTEM

DATE	DATE/CYCLE DUE	ESTIMATE REQUIRED? YES	NO
10 | 20 | 03	12/03		

PERSON AUTHORIZING REQUEST:	EXTENSION	CONTACT	EXTENSION
Michael O'Neill	7-0905	Kathy Henmi	7-0945

DEPARTMENT	ADDRESS	RECHARGE NO.
Payroll Coordination	10th fl., Franklin Bldg.	0126

AUTHORIZED SIGNATURE	REPORT FORMAT ATTACHED	SYSTEMS/FILES/PROGRAMS
	→ [ ]	Payroll

RETRIEVAL/SYSTEM MODIFICATION: Description of Request

Modify the W-4/DE4 template to change the year to 2004. See attached.

PRODUCTION RUN

SYSTEM	EFFECTIVE DATE OF INFORMATION	TYPE OF RUN	RERUN	ADD'L	TYPE OF OUTPUT	REPORT	TAPE	XEROX TAPE

RETRIEVAL/PRODUCTION RUN

DISTRIBUTION OF OUTPUT INSTRUCTIONS: (FOR RETRIEVAL REQUESTS, INCLUDE LONG TERM FILE RETENTION INSTRUCTIONS IF APPROPRIATE)

IS&AS USE ONLY

[ ] TIM [ ] TANDEM [ ] TERMSTAR [ ] TO [ ] TURF [ ] CORPSYS [ ] IM&O [ ] PAYROLL [ ] PRODUCTION CONTROL

DATE RECEIVED	REVISED DUE DATE	DATE COMPLETED	COMPLETED BY	COMPUTING TIME CHARGES	STAFF TIME CHARGES	CONTROL	JOB NAME

COMMENTS

ESTIMATE INFORMATION	COMPLETION DATE	STAFF HOURS	ESTIMATED COSTS: COMPUTING COSTS	ESTIMATED TOTAL COSTS
	MO DY YR		$	$

APPROVAL TO PROCEED ▶ (BASED ON ESTIMATE) (SIGNATURE) (NAME, TITLE, ADDRESS)

RETN: OFFICE OF RECORD: 6 YEARS ORIGINAL — IS & AS

FORM W-4/DE4

ATTACHMENT TO SERVICE REQUEST #14893
October 20, 2003

The Payroll/Personnel System (PPS) contains a template of the 2003 W-4/DE4 form for tax withholding. The template needs to be changed for transactions that are processed for the year 2004. Since the Internal Revenue Service (IRS) and Employment Development Department (EDD) do not generally make the forms available before the end of the year, it is necessary to copy the current template and change the year. When the new forms are made available, then a complete replacement will be requested.

Process:

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

If the process date = 12/31/03 or earlier, then the 2003 template should be used when that selection is made in history.

If the process date = 1/1/04 or later, then the 2004 template should be used.

See attached sample of form.

Implementation: Must be implemented prior to the end of the calendar year.

UC W-4/DE4 UNIVERSITY OF CALIFORNIA EMPLOYEE'S FEDERAL-STATE WITHHOLDING ALLOWANCE CERTIFICATE 2004 **

NAME (LAST,FIRST,MIDDLE) EMPLOYEE NUMBER

PRESIDENT,EXEC 000000001

HOME ADDRESS(NUMBER&STREET OR RURAL ROUTE) SOCIAL SECURITY NBR BIRTHDATE

1440 FILLMORE STREET 552-14-2011 02/01/35

CITY OR TOWN, STATE AND ZIP CODE

SAN FRANCISCO CA 94115

If your name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card __

I. FEDERAL TAX FILING STATUS AND ALLOWANCES

1. 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 M

2. Personal Allowances - 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

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

2. Regular Withholding Allowances - 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 2004 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.) 50.00*
   CHECK APPROPRIATE BOX--> __NEW __CHANGE __CANCEL

CERTIFICATION: Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

EMPLOYEE'S SIGNATURE: PPS02/05/02PAYJXQ PROCESS DATE: 02/05/02

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.