

FORM W-4/DE4

ATTACHMENT TO SERVICE REQUEST #16942

January 24, 2005

February 10, 2005 rev

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)		EMPLOYEE NUMBER
PRESIDENT, EXEC		000000001
HOME ADDRESS (NUMBER & STREET OR RURAL ROUTE)	SOCIAL SECURITY NBR	BIRTHDATE
1440 FILLMORE STREET	552-14-2011	02/01/45
CITY OR TOWN, STATE AND ZIP CODE	If your name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card __	
SAN FRANCISCO	CA 94115	

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 are 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:

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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

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

PROCESS DATE: 01/05/05

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.