

Date: November 6, 2008

REVISED January 7, 2009

FINAL

Service Request: SR82399

2009 W4/DE4 Template

Objective:

To update the PPS online W4/DE4 template for calendar year 2009.

Project Type:

Update the W4/DE4 template to correspond to the effective date of online tax withholding allowance transactions.

REVISED:

Please change the year from 2008 to 2009 where applicable.

Change the text as follows:

1. Under Section I, number 2, replace the word "yellow" with "W-4".
2. Under Section II, number 2, replace the word "green" with "DE4".
3. Under Section II, number 3, replace the word "green" with "DE4".
4. Under Section IV, replace the words "back of this "with the word "Next".

Requested By:

Payroll Coordination and Tax Services

Analyst:

Carolyn Murray

Due Date:

For use by campuses for Forms W4-DE4 that are processed beginning 1/1/09.

FORM W-4/DE4

ATTACHMENT TO SERVICE REQUEST #82399
November 6, 2008

BACKGROUND

The Payroll/Personnel System (PPS) contains a template of the 2008 W-4/DE4 form for tax withholding. The template is used to produce a facsimile copy of a W-4 or DE4 for a given year using data in the History Database (HDB). The History Reporting screen IHTX is used to select the desired year and form and the user can email a copy of the form, then print it. The template needs to be changed for transactions that are processed for the year 2009.

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 = 1/1/09 or later, then the 2009 template is to be used.

See attached sample of form.

IMPLEMENTATION

These changes should be made available to campuses as soon as possible, so that they can print a W4/DE4 form for changes made in 2009.

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
SAN FRANCISCO CA 94115 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 W-4 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 DE4 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 DE4 worksheets). 004*

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

I claim exemption from Federal and State withholding for 2009 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 NEXT 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: PPS01/05/09PAYJXQ

PROCESS DATE: 01/05/09

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.