

Office of Human Resources

Change of Address Packet

Benefit forms need to be completed when a benefit eligible staff or faculty member changes address. *(marked)*

Qualifying Events: A change in your situation... *(marked)*

required

You only need to complete the forms that pertain to you

Forms to be returned for a change of address:

- Office of Human Resources Data Change Form
- W-4 (only if you wish to change your federal withholding)
- Residency Certification
- Retirement Vendor Information Change Form
 - Only complete the form for the vendor you have an account with

All forms are available in the OHR... *(marked)*



Office of Human Resources Data Change Form

Please print all information in ink.

Name: _____

R# _____

Effective Date of Change: _____

Check the appropriate box(es) to indicate a change to my personal information as indicated below:

Name: _____

Physical Address: _____ If different, provide Mailing: _____

Telephone Number: _____ Home Cell

Marital Status: *Please provide supporting documentation i.e. marriage certificate, divorce decree, etc.*

Single Married Widowed Divorced

Add Remove the following spouse/dependent(s):

Please provide supporting documentation i.e. birth certificate, marriage license, divorce decree, etc.

Name	Relationship	Gender	Date of Birth	Social Security #	Social Security #
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Male			
		<input type="checkbox"/> Dependent			
		<input type="checkbox"/> Spouse			
		<input type="checkbox"/> Dependent			
		<input type="checkbox"/> Male			
		<input type="checkbox"/> Female			

Change emergency contact person: (if applicable)

(Name)

(Address)

(City, State, Zip)

(Phone Number)

(Signature)

(Date)

Highmark _____

UCCI _____

Received in HR _____

Date Completed _____

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.

DEPARTMENT OF THE TREASURY
Internal Revenue Service

▶ Your withholding is subject to review by the IRS.

Step 1:

Enter Personal Information

Address

▶ Does your name match the name on your social security card? If not, to ensure you get credit for your past work, make sure you get a new social security card.

www.ssa.gov

- (c) Single or Married filing separately
- Married filing jointly or Qualifying widow(er)

Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualified individual.)

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim a tax credit, and when to use the estimator at www.irs.gov/efile.

Multiple Jobs or Spouse

Do only one of the following:

If you have more than one job, you must submit a Form W-4 for each job. This will help you get the correct amount of withholding based on income earned from all of these jobs.

To be accurate, submit a 2022 Form W-4 for all other jobs. If you or your spouse have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 2-4 on Form W-4 for only one of your jobs (complete Step 5 on the Form W-4 for the highest paying job).

Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the estimator. Enter the result here	4(b)	\$

Sign Here

Date

Employer's Only	Employer's name and address	employment number (EIN)
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Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(a) on Form W-4, complete this worksheet which calculates the total extra tax for all jobs on only ONE form. If you choose the option in Step 2(b), complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the amount from the "Lower Paying Job" column, find the extra tax at the intersection of the two household incomes and enter that value on line 1. Then, skip to line 3.

1 \$

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column and enter that value on line 2a.

2a \$

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the "Higher Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

2b \$

c Add the amounts from lines 2a and 2b and enter the result on line 2c.

2c \$

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12; etc.

3

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

4 \$

Step 4(b)—Deductions Worksheet (Keep for your records.)



1 Enter the amount of your deductions from the appropriate table on page 4. Do not include the amount of your employer's contributions to a 401(k) plan, 403(b) plan, 457(b) plan, or a profit-sharing plan. Do not include the amount of your employer's contributions to a 529 plan. Do not include the amount of your employer's contributions to a Health Savings Account (HSA) or a Flexible Spending Account (FSA). Do not include the amount of your employer's contributions to a Dependent Care Flexible Spending Account (DC FSA). Do not include the amount of your employer's contributions to a Health Reimbursement Arrangement (HRA). Do not include the amount of your employer's contributions to a Health Care Flexible Spending Account (HC FSA). Do not include the amount of your employer's contributions to a Health Care Reimbursement Arrangement (HCRA). Do not include the amount of your employer's contributions to a Health Care Flexible Spending Account (HC FSA). Do not include the amount of your employer's contributions to a Health Care Reimbursement Arrangement (HCRA). Do not include the amount of your employer's contributions to a Health Care Flexible Spending Account (HC FSA). Do not include the amount of your employer's contributions to a Health Care Reimbursement Arrangement (HCRA).

1 \$

2 Enter: • \$19,400 if you're head of household
• \$12,950 if you're single or married filing separately

2 \$

3 If you're head of household, enter "U" if you have a dependent who is a child, stepchild, or foster child who is under 17, or a child, stepchild, or foster child who is under 18 and is a student, or a child, stepchild, or foster child who is under 18 and is a disabled individual.

3

4 Enter the amount of your deductions from the appropriate table on page 4. Do not include the amount of your employer's contributions to a 401(k) plan, 403(b) plan, 457(b) plan, or a profit-sharing plan. Do not include the amount of your employer's contributions to a 529 plan. Do not include the amount of your employer's contributions to a Health Savings Account (HSA) or a Flexible Spending Account (FSA). Do not include the amount of your employer's contributions to a Dependent Care Flexible Spending Account (DC FSA). Do not include the amount of your employer's contributions to a Health Reimbursement Arrangement (HRA). Do not include the amount of your employer's contributions to a Health Care Flexible Spending Account (HC FSA). Do not include the amount of your employer's contributions to a Health Care Reimbursement Arrangement (HCRA). Do not include the amount of your employer's contributions to a Health Care Flexible Spending Account (HC FSA). Do not include the amount of your employer's contributions to a Health Care Reimbursement Arrangement (HCRA).

4 \$

5 Add lines 3 and 4. Enter the result here and on line 5.

5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(b)(2) and 6109 and their regulations require you to

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form is required to be furnished by the IRS and it has the correct IRS identification number. Books or records relating to a form or its instructions must be kept for as long as they are necessary to determine the correctness of your tax liability.

Information on this form is used for the purpose of determining your tax liability and for the administration and enforcement of the Internal Revenue Code and the regulations thereunder. This information is also used for the purpose of determining your eligibility for certain tax benefits and for the administration and enforcement of the Internal Revenue Code and the regulations thereunder. This information is also used for the purpose of determining your eligibility for certain tax benefits and for the administration and enforcement of the Internal Revenue Code and the regulations thereunder.

The average time and expenses required to complete and file this form vary depending on individual circumstances. For estimated averages, see the Instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. Write or call the IRS, Department of the Treasury, Room 1527, 1111 Constitution Avenue, NE, Washington, DC 20002.



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change. Use the Address Search Application at www.newpa.com for information on how to search for a tax collector contact information.

EMPLOYEE INFORMATION - RESIDENCE LOCATION

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP CODE

MUNICIPALITY (City, Borough or Township)

COUNTY

RESIDENT EIT RATE

TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)

University of Scranton

EMPLOYER ID

2 4 0 7 9 5 4 9 5

ADDRESS LINE 1

CITY

ZIP CODE

PHONE NUMBER

MUNICIPALITY (City, Borough or Township)

Scranton

WORK LOCATION NON-RESIDENT EIT RATE

CERTIFICATION

I/Under penalties of perjury, I (we) declare that I (we) have examined this information, including all schedules and statements and to the best of my (our) belief, they are true, correct and complete.

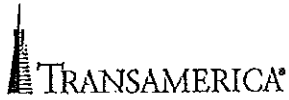
SIGNATURE OF EMPLOYER

DATE (MM/DD/YYYY)

PHONE NUMBER

EMAIL ADDRESS

For information on obtaining the appropriate municipal EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:



Use this form to change your account information. In Section C, complete only the applicable section(s) that have changed. Your records will be updated upon receipt of this form.

Section A. Employer Information

Company/Employer Name []

Section B. Personal Information

Social Security No. [] Date of Birth (mm/dd/yyyy) []
First Name/Middle Initial [] Last Name []
Mailing Address []
City [] State [] Zip Code []
Phone No. [] Ext. []

Section C. Personal Information (new)

Complete this appropriate information (attach proof of any name change, a court marriage certificate, divorce decree, etc.).

Social Security No. [] Date of Birth (mm/dd/yyyy) []
Last Name []
Mailing Address []
City [] State [] Zip Code []
Phone No. [] Ext. []

Please proceed to Section D. on Page 2.

Section D. Signature

I certify that the information provided on/with this form is correct and complete.

X

X

Print Name

Social Security Number

If you have questions regarding the completion of this form, please call us at 800-755-5801.

Return your completed form(s) to:

Transamerica
Mail Drop 0001
Cedar Rapids, IA 52499

Or, you may fax your completed form to 866-835-8863.

THE UNIVERSITY OF
SCRANTON

HUMAN RESOURCES

TO: TIAA-CREF
FROM: UNIVERSITY OF SCRANTON
OFFICE OF HUMAN RESOURCES
RE: REQUEST FOR ADDRESS CHANGE
FAX: (800) 914-8922

Please update address for any and all accounts held by the participant listed below:

Effective Date of Change:

Social Security Number: _____

Previous Address

New Address

Signature of Accountholder

Date

Signature of HR Representative

Date