

STATE CONTROLLER'S OFFICE
PERSONNEL AND PAYROLL SERVICES DIVISION
P.O. BOX 942850
SACRAMENTO, CA 94250-5878

DATE: October 31, 2018

PAYROLL LETTER #18-021

TO: All Agencies/Campuses in the Uniform State Payroll System

FROM: Marissa Revelino, Chief
Personnel and Payroll Services Division (PPSD)

RE: ADDENDUM TO SUSPENSION OF MOVING EXPENSE EXCLUSION FROM TAXABLE WAGES UPDATE

This payroll letter provides information and processing details on state qualified and non-qualified moving expense/relocation/mileage expenses.

As stated in Payroll Letter # 18-015, employer payments for qualified moving expense are excluded (non-taxable) from California and New York state income as Section 132 fringe benefits. However the type of payments that are exempt from state wage reporting and state income taxes withholding are limited to those moving/relocation/mileage expense reimbursements that satisfy the definition of qualified moving expenses, accountable plan rules and the "Time" and "Distance" tests under Section 217 of the Internal Revenue Code (IRC).

As a result, voluntary relocation, non-qualified moving/relocation expenses and moving mileage reimbursements exceeding the Federal Standard Mileage Rate (FSMR) for moves/relocations are reportable/taxable income subject to State Income wage reporting and State Disability (SDI) Taxes withholding.

Reporting for Non-Qualified State Moving Expenses after October 10, 2018 must follow the reporting instructions listed below so that California and New York PIT and SDI taxes are withheld.

REPORTING PRIOR MOVING EXPENSES

- Verify moving expenses reported prior to this date to determine if they are qualified and non-qualified.
- Complete corrections on forms STD. 676P and 675 forms and write the word "CORRECTED" in RED on the top right side of the forms.
- Attach original forms STD. 676P and 675. Write in bold RED on top right side of these forms the word "CANCELLED". Highlight the names of employees affected with needed corrections.

REPORTING INSTRUCTIONS

Agencies/Campuses should follow the instructions below in reporting **Qualified and Non-Qualified** Moving/Relocation Expense (ITEM CODES MR/MN) and **Qualified and Non-Qualified** Moving/Relocation Mileage Expense (ITEM CODES MM/MX) on FORMS STD. 676P (see sample Form STD. 676P).

DOCUMENT

FORM STD. 676P

Reference the Payroll Procedures Manual (PPM), Section N 147 and Section N 170 through 176

FORM STD. 676P

Reference the Payroll Procedures Manual (PPM), Section N 147 and Section N 170 through 176

FORM STD. 676P

Reference the Payroll Procedures Manual (PPM), Section N 147

FORM STD. 676P

Reference the Payroll Procedures Manual (PPM), Section N 147

FORM STD. 676P

Reference the Payroll Procedures Manual (PPM), Section N 147 and Section N 170 through 176

FORM STD. 676P

Reference the Payroll Procedures Manual (PPM), Section N 147 and Section N 170 through 176

PROCESS

Identify these reimbursements as:

ITEM CODE – **MR**

ITEM DESCRIPTION – **Moving/Relocation Expense (Qualified)**

ITEM CODE – **MM**

ITEM DESCRIPTION – **Moving/Relocation/Mileage Expense (Qualified)**

Federal Income, Social Security/ Medicare Taxes only are withheld. Leave the “State Code” in Column 8 Blank.

MILITARY Qualified Moving Expense

Write in **bold RED** on the top right side of the STD. 676P form the word “**MILITARY**”.

Identify these reimbursements as:

ITEM CODE – **MR**

ITEM DESCRIPTION – **Moving/Relocation Expense (Qualified)**

ITEM CODE – **MM**

ITEM DESCRIPTION – **Moving/Relocation/Mileage Expense (Qualified)**

Exempt from Federal and State Income, Social Security/Medicare and State Disability Insurance Taxes. Enter “Gross Amount Not Subject To Withholding” in Column 7. Leave the “State Code” in Column 8 Blank.

Identify these reimbursements as:

ITEM CODE – **MN**

ITEM DESCRIPTION – **Moving/Relocation Expense (Non-Qualified)**

ITEM CODE – **MX**

ITEM DESCRIPTION - **Moving/Relocation Mileage Expense (Non-Qualified)**

Federal and State Income, Social Security/Medicare, and State Disability Insurance Taxes are withheld. Enter “Gross Amount Subject To Withholding” in Column 6 and “State Code” in Column 8.

DOCUMENT

FORM STD. 676P

Reference the Payroll Procedures Manual (PPM) Section N 147

FORM STD. 676P

Reference the Payroll Procedures Manual (PPM) Section N 147

FORM STD. 675

Reference the PPM, Section N 147

FORM STD. 675

Reference the PPM, Section N 147

PROCESS

MILITARY Non-Qualified Moving Expense

Write in **bold RED** on the top right side of the STD. 676P form the word "**MILITARY**".

Identify these reimbursements as:

ITEM CODE – **MN**

ITEM DESCRIPTION – **Moving/Relocation Expense (Non-Qualified)**

ITEM CODE – **MX**

ITEM DESCRIPTION – **Moving/Relocation/Mileage Expense (Non-Qualified)**

Federal and State Income, Social Security/Medicare, and State Disability Insurance Taxes are withheld. Enter "Gross Amount Subject To Withholding" in Column 6 and "State Code" in Column 8.

Write in **bold RED** on the top right side of the STD. 675 form the following:

ITEM CODE – **MQ**

ITEM DESCRIPTION – **Moving/Relocation/Mileage Expense (Qualified)**

Federal Income, Social Security/Medicare Taxes only are withheld. Enter "Taxable Gross" Amount in Column 6, "Federal Income Tax" Amount in Column 7. Leave the "State Code" in Column 8 Blank and "State Income Tax" in Column 9 Blank.

Write in **bold RED** on the top right side of the STD. 675 form the following:

ITEM CODE – **ME**

ITEM DESCRIPTION – **Moving/Relocation/Mileage Expense (Non-Qualified)**

Federal and State Income, Social Security/ Medicare, and State Disability Insurance Taxes are withheld. Enter "Taxable Gross" Amount in Column 6, "Federal Income Tax" Amount in Column in Column 7, "State Code" in Column 8 and "State Income Tax" Amount in Column 9.

DOCUMENT

FORM STD. 675

Reference the PPM, Section N 147

PROCESS

MILITARY Qualified Moving/Relocation/Mileage Expense

Write in **bold RED** on the top right side of the STD. 675 form the word “**MILITARY**”.

Identify these reimbursements as:

ITEM CODE – **MQ**

ITEM DESCRIPTION – **Moving/Relocation/Mileage Expense (Qualified)**

Exempt from Federal and State Income, Social Security/Medicare and State Disability Insurance Taxes. Enter “Non-Taxable Gross” Amount in Column 11. Leave the “State Code” in Column 8 Blank.

FORM STD. 675

Reference the PPM, Section N 147

MILITARY Non-Qualified Moving/Relocation/Mileage Expense

Write in **bold RED** on the top right side of the STD. 675 form the word “**MILITARY**”

Identify these reimbursements as:

ITEM CODE – **ME**

ITEM DESCRIPTION – **Moving/Relocation/Mileage Expense (Non-Qualified)**

Federal and State Income, Social Security/ Medicare, and State Disability Insurance Taxes are withheld. Enter “Taxable Gross Amount in Column 6, “Federal Income Tax” Amount in Column in Column 7, “State Code” in Column 8 and “State Income Tax” Amount in Column 9.

Report **Qualified** Moving/Relocation/Mileage Expense (ITEM CODE MQ) and **Non-Qualified** Moving/Relocation/Mileage Expense (ITEM CODE ME) on FORM STD. 675. See Sample FORM STD. 675.

Note: Separate STD. 676P or STD. 675 Forms must be submitted for each ITEM CODE for Qualified Moving and Non-Qualified Moving Expense.

Revisions to the Payroll Procedures Manual are forthcoming.

If you have any questions regarding this Payroll Letter, please contact the Statewide Customer Contact Center at (916) 372-7200 and select the Statewide W-2 Tax Support Program.

MR:AR:EO:TSS:STSP:PPOB

Attachments: STD. 676P and 675 Sample Forms

STATE OF CALIFORNIA
SUPPLEMENTAL WAGE DEDUCTIONS
 STD. 675 (REV. 9-87)

SEE REVERSE OF FORM FOR INSTRUCTIONS
 SUBMIT ORIGINAL AND TWO COPIES TO:

STATE CONTROLLER'S OFFICE
 DIVISION OF DISBURSEMENTS
 3301 C STREET
 P.O. BOX 942860
 SACRAMENTO, CA 94250-0001

MC - MOVING/RELOCATION/MILEAGE EXPENSE (QUALIFIED)

SOCIAL SECURITY NUMBER (1)	EMPLOYEE'S NAME (2)	AGENCY (3)	UNIT (4)	PAY PERIOD (5)	TAXABLE GROSS (6)	FEDERAL INCOME TAX (7)	ST CD (8)	STATE INCOME TAX (9)	ISSUE DATE (10)		NON-TAXABLE GROSS (11)	
									MO.	DY. YR.		
					complete	complete	↑	BLANK	BLANK			
TOTALS FEDERAL INCOME TAX: \$0.00 STATE INCOME TAX: \$0.00 NON-TAXABLE GROSS: \$0.00												

I certify that I am duly authorized by the herein named state agency to make this report and certification, that data stated herein is correct, complete and in accordance with all laws and regulations.

REPORTING OFFICER'S SIGNATURE

DATE SIGNED

NAME OF INDIVIDUAL COMPLETING THIS FORM (Print or Type)

TELEPHONE NUMBER OF INDIVIDUAL COMPLETING FORM

PAGE _____ OF _____

SUPPLEMENTAL WAGE DEDUCTIONS

STD. 875 (REV 8-87)

SEE REVERSE OF FORM FOR INSTRUCTIONS
SUBMIT ORIGINAL AND TWO COPIES TO:

STATE CONTROLLER'S OFFICE
DIVISION OF DISBURSEMENTS
3901 C STREET
P.O. BOX 942850
SACRAMENTO, CA 94260-0001

ME - MOVING/RELOCATION/MILEAGE EXPENSE (NON-QUALIFIED)

SOCIAL SECURITY NUMBER (1)		EMPLOYEE'S NAME (2)	AGENCY (3)	UNIT (4)	PAY PERIOD (6)		TAXABLE GROSS (6)	FEDERAL INCOME TAX (7)	ST CD (8)	STATE INCOME TAX (9)	ISSUE DATE (10)		NON-TAXABLE GROSS (11)				
					MO.	YR.					MO.	YR.					
complete								complete	CA	complete							
TOTALS							\$0.00	\$0.00		\$0.00			\$0.00				
REPORTING OFFICER'S SIGNATURE												DATE SIGNED		NAME OF INDIVIDUAL COMPLETING THIS FORM (Print or type)		TELEPHONE NUMBER OF INDIVIDUAL COMPLETING FORM	

I certify that I am duly authorized by the herein named state agency to make this report and certification, that data stated herein is correct, complete and in accordance with all laws and regulations.

28

STATE OF CALIFORNIA
SUPPLEMENTAL WAGE DEDUCTIONS
 STD. 672 (REV. 5-97)

MILITARY

SEE REVERSE OF FORM FOR INSTRUCTIONS
 SUBMIT ORIGINAL AND TWO COPIES TO:

STATE CONTROLLER'S OFFICE
 DIVISION OF DISBURSEMENTS
 3301 C STREET
 P. O. BOX 942850
 SACRAMENTO, CA 94250-0001

MQ - MOVING/RELOCATION/MILEAGE EXPENSE (QUALIFIED)

			PAGE		OF		AGENCY/CAMPUS NAME					
			TAX YEAR				FEDERAL INCOME TAX (7)	ST CD (8)	STATE INCOME TAX (9)	ISSUE DATE (10) MO. DY. YR.	NON-TAXABLE GROSS (11)	
SOCIAL SECURITY NUMBER (1)	EMPLOYEE'S NAME (2)	AGENCY (3)	UNIT (4)	PAY PERIOD (5) MO. YR.	TAXABLE GROSS (6)	FEDERAL INCOME TAX (7)	ST CD (8)	STATE INCOME TAX (9)	ISSUE DATE (10) MO. DY. YR.	NON-TAXABLE GROSS (11)		
						\$0.00		\$0.00				\$0.00
TOTALS												
<p><i>I certify that I am duly authorized by the herein named state agency to make this report and certification, that data stated herein is correct, complete and in accordance with all laws and regulations.</i></p>												
REPORTING OFFICER'S SIGNATURE				DATE SIGNED				NAME OF INDIVIDUAL COMPLETING THIS FORM (<i>Print or type</i>)				TELEPHONE NUMBER OF INDIVIDUAL COMPLETING FORM

MILITARY

ME - MOVING/RELOCATION/MILEAGE EXPENSE (NON-QUALIFIED)

SEE REVERSE OF FORM FOR INSTRUCTIONS
 SUBMIT ORIGINAL AND TWO COPIES TO:

STATE CONTROLLER'S OFFICE
 DIVISION OF DISBURSEMENTS
 3301 C STREET
 P.O. BOX 942850
 SACRAMENTO, CA 94250-0001

TAX YEAR		AGENCY/CAMPUS NAME		PAGE	OF							
SOCIAL SECURITY NUMBER (1)	EMPLOYEE'S NAME (2)	AGENCY (3)	UNIT (4)	PAY PERIOD (9) MO--YR	TAXABLE GROSS (8)	FEDERAL INCOME TAX (7)	ST CD (8) CA	STATE INCOME TAX (9)	ISSUE DATE (10)		NON-TAXABLE GROSS (11)	
									MO.	DY. YR.		
					complete	complete	CA	complete				
TOTALS					\$0.00	\$0.00		\$0.00			\$0.00	
REPORTING OFFICER'S SIGNATURE					NAME OF INDIVIDUAL COMPLETING THIS FORM (Print or Type)			DATE SIGNED		TELEPHONE NUMBER OF INDIVIDUAL COMPLETING FORM		

I certify that I am duly authorized by the herein named state agency to make this report and certification, that data stated herein is correct, complete and in accordance with all laws and regulations.



**NON-USPS ADJUSTMENT REQUEST--PAYMENTS
(Fringe Benefit/Employee Business Expense)**

STD 676P (REV 3/2018)

SUBMIT COMPLETED REQUEST TO:
State Controller's Office
Personnel/Payroll Services Division
ATTN: W-2 Unit
PO Box 942850
Sacramento, CA 94250-5878

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.
For additional information, including Volume Processing Information,
refer to the State Controller's Office, Payroll Procedures Manual (PPM), Section N.
Submit only original.

P

A. ITEM CODE	B. ITEM DESCRIPTION					C. TAX YEAR	D. PAGE OF		
MR	MOVING/RELOCATION EXPENSE (QUALIFIED)								
SOCIAL SECURITY NUMBER (1)	FIRST INITIAL (2)	LAST NAME	POSITION		PAY PERIOD (5) MM/YY	GROSS AMOUNT SUBJECT TO WITHOLDING (6)	GROSS AMOUNT NOT SUBJECT TO WITHOLDING (7)	STATE CODE (8)	ISSUE DATE (9) MM/DD/YY
			AGENCY (3)	UNIT (4)					
						complete			
								↑ BLANK	
(10) TOTAL ENTRIES						TOTAL SUBJECT TO WITHOLDING	TOTAL NOT SUBJECT TO WITHOLDING		
AGENCY/CAMPUS NAME						0.00	0.00		

I certify that I am duly authorized by the herein named state agency to make this report and certification;
that data stated herein is correct, complete and in accordance with all laws and regulations.
I have a completed signature card (PPSD8A) on file with the State Controller's Office for STD. 676P and 676V.

REPORTING OFFICER'S SIGNATURE	REPORTING OFFICER'S PRINTED NAME	DATE SIGNED
TYPED OR PRINTED NAME OF INDIVIDUAL COMPLETING THIS REQUEST		TELEPHONE NUMBER (Include Area Code)
MAILING ADDRESS FOR INQUIRIES REGARDING THIS FORM	STREET ADDRESS	CITY, STATE AND ZIP CODE

FORMS MUST BE COMPLETELY FILLED OUT

STATE OF CALIFORNIA

NON-USPS ADJUSTMENT REQUEST—PAYMENTS
(Fringe Benefit/Employee Business Expense)

STD 676P (REV 3/2018)

SUBMIT COMPLETED REQUEST TO:
 State Controller's Office
 Personnel/Payroll Services Division
 ATTN: W-2 Unit
 PO Box 942850
 Sacramento, CA 94250-5878

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.
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 Submit only original.

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A. ITEM CODE		B. ITEM DESCRIPTION					C. TAX YEAR	D. PAGE OF	
MM		MOVING/RELOCATION/MILEAGE (QUALIFIED)							
SOCIAL SECURITY NUMBER (1)	FIRST INITIAL (2)	LAST NAME (3)	POSITION		PAY PERIOD (5) MM/YY	GROSS AMOUNT SUBJECT TO WITHHOLDING (6)	GROSS AMOUNT NOT SUBJECT TO WITHHOLDING (7)	STATE CODE (8)	ISSUE DATE (9) MM/DD/YY
			AGENCY (3)	UNIT (4)					
						complete			
								↑ BLANK	
(10) TOTAL ENTRIES					TOTAL SUBJECT TO WITHHOLDING	TOTAL NOT SUBJECT TO WITHHOLDING			
AGENCY/CAMPUS NAME					0.00	0.00			

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MAILING ADDRESS FOR INQUIRIES REGARDING THIS FORM	STREET ADDRESS	CITY, STATE AND ZIP CODE

FORMS MUST BE COMPLETELY FILLED OUT

STATE OF CALIFORNIA
NON-USPS ADJUSTMENT REQUEST—PAYMENTS
 (Fringe Benefit/Employee Business Expense)
 STD 676P (REV 2/2016)

SUBMIT COMPLETED REQUEST TO:
 State Controller's Office
 Personnel/Payroll Services Division
 ATTN: W-2 Unit
 PO Box 942650
 Sacramento, CA 94250-5578

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.
 For additional information, including Volume Processing Information,
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 Submit only original.

P

A. ITEM CODE		B. ITEM DESCRIPTION					C. TAX YEAR	D. PAGE OF	
MN		MOVING/RELOCATION EXPENSE (NON-QUALIFIED)							
SOCIAL SECURITY NUMBER (1)	FIRST INITIAL (2)	LAST NAME (3)	POSITION		PAY PERIOD (5) MM/YY	GROSS AMOUNT SUBJECT TO WITHHOLDING (6)	GROSS AMOUNT NOT SUBJECT TO WITHHOLDING (7)	STATE CODE (8)	EFFECTIVE DATE (9) MM/YY
			AGENCY (4)	UNIT (4)					
						complete		CA	
(10) TOTAL EXPENSE						TOTAL SUBJECT TO WITHHOLDING	TOTAL NOT SUBJECT TO WITHHOLDING		
						0.00	0.00		
AGENCY/CAMPLUS NAME									

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TYPED OR PRINTED NAME OF INDIVIDUAL COMPLETING THIS REQUEST	TELEPHONE NUMBER (Include Area Code)	
MAILING ADDRESS FOR INQUIRIES REGARDING THIS FORM	STREET ADDRESS	CITY, STATE AND ZIP CODE

FORMS MUST BE COMPLETELY FILLED OUT

STATE OF CALIFORNIA
NON-USPS ADJUSTMENT REQUEST—PAYMENTS
 (Fringe Benefit/Employee Business Expense)
 STD 676P (REV 3/2016)

SUBMIT COMPLETED REQUEST TO:
 State Controller's Office
 Personnel/Payroll Services Division
 ATTN: W-2 Unit
 PO Box 942860
 Sacramento, CA 94250-6878

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.
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A. ITEM CODE		B. ITEM DESCRIPTION				C. TAX YEAR	D. PAGE OF	
MX		MOVING/RELOCATION MILEAGE (NON-QUALIFIED)						
SOCIAL SECURITY NUMBER (1)	FIRST INITIAL LASTNAME (2)	POSITION		PAY PERIOD (5) MM/YY	GROSS AMOUNT SUBJECT TO WITHHOLDING (6)	GROSS AMOUNT NOT SUBJECT TO WITHHOLDING (7)	STATE CODE (8)	ISSUE DATE (9) MM/DD/YY
		AGENCY (3)	UNIT (4)					
					complete		CA	
(10) TOTAL Entries					TOTAL SUBJECT TO WITHHOLDING	TOTAL NOT SUBJECT TO WITHHOLDING		
					0.00	0.00		
AGENCY/CAMPUS NAME								

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TYPED OR PRINTED NAME OF INDIVIDUAL COMPLETING THIS REQUEST	TELEPHONE NUMBER (include Area Code)	
MAILING ADDRESS FOR INQUIRIES REGARDING THIS FORM	STREET ADDRESS	CITY, STATE AND ZIP CODE

FORMS MUST BE COMPLETELY FILLED OUT

STATE OF CALIFORNIA
NON-USPS ADJUSTMENT REQUEST—PAYMENTS
(Fringe Benefit/Employee Business Expense)
 STD 676P (REV 3/2018)

MILITARY

SUBMIT COMPLETED REQUEST TO:
 State Controller's Office
 Personnel/Payroll Services Division
 ATTN: W-2 Unit
 PO Box 942850
 Sacramento, CA 94250-5878

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.
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 Submit only original.

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A. ITEM CODE		B. ITEM DESCRIPTION				C. TAX YEAR	D. PAGE OF	
MM		MOVING/RELOCATION/MILEAGE (QUALIFIED)						
SOCIAL SECURITY NUMBER (1)	FRST INITIAL LAST NAME (2)	POSITION		PAY PERIOD (5) MM/YY	GROSS AMOUNT SUBJECT TO WITHHOLDING (6)	GROSS AMOUNT NOT SUBJECT TO WITHHOLDING (7)	STATE CODE (8)	ISSUE DATE (9) MM/DD/YY
		AGENCY (3)	UNIT (4)					
						complete	↑	BLANK
(10) TOTAL ENTRIES					TOTAL SUBJECT TO WITHHOLDING	TOTAL NOT SUBJECT TO WITHHOLDING		
AGENCY/CAMPUS NAME					0.00	0.00		

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TYPED OR PRINTED NAME OF INDIVIDUAL COMPLETING THIS REQUEST		TELEPHONE NUMBER (Include Area Code)
MAILING ADDRESS FOR INQUIRIES REGARDING THIS FORM	STREET ADDRESS	CITY, STATE AND ZIP CODE

FORMS MUST BE COMPLETELY FILLED OUT

MILITARY

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 State Controller's Office
 Personnel/Payroll Services Division
 ATTN: W-2 Unit
 PO Box 942850
 Sacramento, CA 94250-5878

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.
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 Submit only original.

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A. ITEM CODE		B. ITEM DESCRIPTION				C. TAX YEAR	D. PAGE OF		
MR		MOVING/RELOCATION EXPENSE (QUALIFIED)							
SOCIAL SECURITY NUMBER (1)	FIRST INITIAL (2)	LAST NAME (2)	POSITION		PAY PERIOD (5) MM/YY	GROSS AMOUNT SUBJECT TO WITHHOLDING (6)	GROSS AMOUNT NOT SUBJECT TO WITHHOLDING (7)	STATE CODE (8)	ISSUE DATE (9) MM/DD/YY
			AGENCY (3)	UNIT (4)					
							complete	↑	BLANK
(10) TOTAL ENTRIES						TOTAL SUBJECT TO WITHHOLDING	TOTAL NOT SUBJECT TO WITHHOLDING		
AGENCY/CAMPUS NAME						0.00	0.00		

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TYPED OR PRINTED NAME OF INDIVIDUAL COMPLETING THIS REQUEST		TELEPHONE NUMBER (include Area Code)
MAILING ADDRESS FOR INQUIRIES REGARDING THIS FORM	STREET ADDRESS	CITY, STATE AND ZIP CODE

FORMS MUST BE COMPLETELY FILLED OUT

STATE OF CALIFORNIA
NON-USPS ADJUSTMENT REQUEST—PAYMENTS
(Fringe Benefit/Employee Business Expense)
 STD 676P (REV 3/2018)

MILITARY

SUBMIT COMPLETED REQUEST TO:
 State Controller's Office
 Personnel/Payroll Services Division
 ATTN: W-2 Unit
 PO Box 942850
 Sacramento, CA 94250-5878

PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.
 For additional information, including Volume Processing Information,
 refer to the State Controller's Office, Payroll Procedures Manual (PPM), Section N.
 Submit only original.

P

A. ITEM CODE	B. ITEM DESCRIPTION					C. TAX YEAR	D. PAGE OF		
MX	MOVING/RELOCATION/MILEAGE (NON-QUALIFIED)								
SOCIAL SECURITY NUMBER (1)	FIRST INITIAL (2)	LAST NAME (2)	POSITION		PAY PERIOD (5) MM/YY	GROSS AMOUNT SUBJECT TO WITHHOLDING (6)	GROSS AMOUNT NOT SUBJECT TO WITHHOLDING (7)	STATE CODE (8)	ISSUE DATE (9)
			AGENCY (3)	UNIT (4)					MM/DD/YY
						complete		CA	
(10) TOTAL ENTRIES						TOTAL SUBJECT TO WITHHOLDING	TOTAL NOT SUBJECT TO WITHHOLDING		
AGENCY/CAMPUS NAME						0.00	0.00		

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 I have a completed signature card (PPSD8A) on file with the State Controller's Office for STD. 676P and 676V.

REPORTING OFFICER'S SIGNATURE	REPORTING OFFICER'S PRINTED NAME	DATE SIGNED
TYPED OR PRINTED NAME OF INDIVIDUAL COMPLETING THIS REQUEST		TELEPHONE NUMBER (include Area Code)
MAILING ADDRESS FOR INQUIRIES REGARDING THIS FORM	STREET ADDRESS	CITY, STATE AND ZIP CODE

FORMS MUST BE COMPLETELY FILLED OUT