

**ATTACHMENT I-10**  
**(Revised 01/2024)**



**SUBMIT COMPLETED**  
**FORM TO:**  
**ConnectHR**  
**Document Type: W2-UNIT-**  
**PPSD-21**

**STATE CONTROLLER'S OFFICE**  
**DECEASED EMPLOYEE DATA FORM**

**A. Deceased Information**

Name	Social Security Number
Date of Death (MM/DD/YYYY)	Agency Name/Unit

**B. Beneficiary/Designee Information Only**

Social Security Number or Tax Payer Identification (must be completed)
Name (first, middle initial, last)
Street Address
City, State, Zip Code

**C. Warrant Information**

Issue Date	Warrant Taxable Gross Amount	Warrant Number
Total Taxable Gross Amount:		State Code:

**D. Authorized Signature**

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

Agency/Campus Name	Email
Reporting Officer Signature	Date Signed
Specialist Name	Telephone Number

(Filing instructions on reverse side)

**ATTACHMENT I-11  
(Revised 01/2024)**

**State Controller's Office Deceased Employee Information W-2 Unit**

For questions please email: [PPSDW2MiscDed@sco.ca.gov](mailto:PPSDW2MiscDed@sco.ca.gov)

**INSTRUCTIONS**

Please complete every field of the PPSD-21 Form.

Ensure that all information is accurate.

Do not enter ditto marks to indicate duplicate line information.

**A. Deceased Information**

Enter the deceased employee's first, middle initial followed by surname.

Enter the deceased employee's date of death.

Enter the deceased employee's Social Security Number.

Enter the deceased employee's agency and unit numbers.

**B. Beneficiary/Designee Information**

Enter the beneficiary/designee's Social Security Number. If the beneficiary/designee is an estate rather than an individual, report (from Federal Form W-9, Request for Taxpayer Identification Number (TIN) and Certification or Form SS-4, Application for Employer Identification Number) the Taxpayer Identification Number.

Enter the beneficiary/designee's first, middle initial followed by surname from the STD 243 form, Designation of Person Authorized to receive warrants, or directly from the beneficiary/designee.

Enter the beneficiary/designee's street address, city, state, and zip code.

**C. Warrant Information**

Enter the issue date(s) of the warrants. DO NOT include payments issued before the date of death (\$95 transaction), but released to the beneficiary/designee. All reported payments must be issued after the date of death. DO NOT include tax (Federal, State, Social Security, Medicare or State Disability Insurance) fund warrants issued by the State Controller's Office.

Enter the warrant taxable gross amount for each payment released to the beneficiary/designee. Taxable gross identified as "Gross Amount" found next to the Federal/State Income Tax amounts. (To manually compute the taxable gross amount, subtract retirement, deferred compensation, flex benefits and/or code 035 deductions from the gross amount of the payment. All amounts which affect taxable gross have an asterisk (\*) after them.)

Enter the warrant number for each payment.

Enter the total taxable gross amount of all warrants released to the beneficiary/designee. Enter the State Code: CA, NY, IL, or leave blank.

**D. Authorized Signature**

Enter the agency/campus name and email address.

Signature of the reporting officer is required.

Enter current date.

Enter the specialist name and telephone number.