

Office of Human Resources

Change of Address Packet

Benefit forms need to be completed when a benefit eligible staff or faculty member changes address, marital status, and/or has a benefit plan enrollment change. The forms listed below need to be completed and returned to the Human Resources office within 30 days of the qualifying event and/or status change.

- ✓ **Qualifying Events:** A change in your situation — like getting married, having a baby, or losing health coverage — that can allow benefit plan changes outside the yearly Open Enrollment Period .
- ✓ **Verifying Dependents:** When enrolling a spouse or child (or changing a spouse or child's enrollment) in University Benefits, documentation demonstrating the current spousal or child relationship may be 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 Office of Human Resources, St Thomas Hall room 100



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: _____
(Please provide supporting documentation i.e. marriage certificate, divorce decree, etc.)

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 #
	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<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 _____
 COBRA _____

Received in HR _____
 Date Completed _____

Employee's Withholding Certificate

OMB No. 1545-0074

▶ 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.
 ▶ Your withholding is subject to review by the IRS.

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> 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 qualifying 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 exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: 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 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): 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 Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

▶ _____ ▶ Date _____
 Employee's signature (This form is not valid unless you sign it.)

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Step 2(b)--Multiple Jobs Worksheet (Keep for your records.)



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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 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 "Lower Paying Job" column, find the value at the intersection of the two household salaries 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. Find the value at the intersection of the two household salaries 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 wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower 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 an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er) \$19,400 if you're head of household \$12,950 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 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(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will 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. See the instructions for your income tax return.



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/Act32 to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION - RESIDENCE LOCATION				
NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER	
STREET ADDRESS (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION				
EMPLOYER BUSINESS NAME (Use Federal IO Name)			EMPLOYER FEIN	
University of Scranton			2 4 0 7 9 5 4 9 5	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)				
800 Linden St				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	PHONE NUMBER	
Scranton	PA	18510	570-941-7767	
MUNICIPALITY (City, Borough or Township)				
Scranton				
COUNTY	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE	
Lackawanna	3 5 0 9 0 1			

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com/Act32



Information Change

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	<input type="text"/>		
Contract/Account No.	<input type="text"/>	Affiliate No.	<input type="text"/>
		Division No.	<input type="text"/>

Section B. Personal Information

Social Security No.	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone No.	<input type="text"/>	Ext.	<input type="text"/>
E-mail Address	<input type="text"/>		

Section C. Personal Information (new)

Complete the appropriate section(s) below to change your account information (*attach proof of any name change, e.g. marriage certificate, divorce decree, etc.*).

Social Security No.	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone No.	<input type="text"/>	Ext.	<input type="text"/>

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.

Participant Signature

Date

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
4333 Edgewood Road NE
Mail Drop 0001
Cedar Rapids, IA 52499

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

THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY

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.

Print Name: _____ Effective Date of Change: _____

Social Security Number: _____

Previous Address

New Address

Signature of Accountholder

Date

Signature of HR Representative

Date