Instructions for Completing a Name Change Using the EAR form:

Select the Name Change box

05	☑	**Name Change** (Attach substantiation) SECTIONS C, D, I

Indicate your social security number, new last name, new first name, and new middle initial. Enter "N/A" if you do not have a middle name.

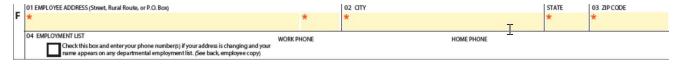| C	01 SOCIAL SECURITY NUMBER	02 EMPLOYEE LAST NAME	03 FIRST NAME AND MIDDLE INITIAL
	* - * - *	*	* *

Indicate your former last, first, and middle initial

NAME CHANGE

D	FORMER NAME (Last, First, and Middle)

Make the appropriate selections to make a withholding allowance change.

WITHHOLDING ALLOWANCE CHANGE OR NEW EMPLOYEE ***IMPORTANT*** Before completing Section E, you must read Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)

E

I. FEDERAL AND STATE ALLOWANCE – For Tax Purposes Only. If no tax should be withheld, complete Part IV or V only.

01 ◯ **NONRESIDENT ALIEN** (See reverse, employee copy)

02. MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)

◯ SINGLE

◯ MARRIED

03 * **TOTAL** – Number of allowances you are claiming

NOTE: Employers may be required to notify IRS of the number of allowances claimed.

II. SPECIAL TREATMENT OF STATE ALLOWANCES - Complete boxes 04 thru 06 if you wish your State withholding to be different than what you claim for Federal withholding. IF BOXES ARE NOT COMPLETED, CURRENT SPECIAL TREATMENT (IF ANY) WILL BE CANCELLED.

04 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)

◯ SINGLE

◯ MARRIED

◯ HEAD OF HOUSEHOLD

05 **REGULAR ALLOWANCE(S)** Total you are claiming

06 **ADDITIONAL ALLOWANCE(S)** Total you are claiming

NOTE: Employers may be required to notify the Employment Development Department (EDD) if more than 10 allowances are claimed.

III. ADDITIONAL DEDUCTIONS – Complete box(es) 06 and/or 07 if you wish additional Federal and/or State tax withheld from your wages. Part I (and Part II, if your State allowance claim differs from your Federal) must be completed. The first deduction will be made from your earnings for the pay period in which this form is processed. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE CANCELLED.

I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. I understand that if boxes are not completed, current deductions, if any, will be cancelled.

06 **FEDERAL** ADDITIONAL DEDUCTION 07 **STATE** ADDITIONAL DEDUCTION

IV. EXEMPTION FROM WITHHOLDING – Check box 08 if you are eligible to claim exemption from withholding. No Federal or State income tax will be withheld from your wages. DO NOT COMPLETE PARTS I, II, OR III. (See General Information on reverse, employee copy.)

08 ◯ I claim exemption from withholding because of no tax liability : Last year I did not owe any income tax and had a right to a full refund of ALL income tax withheld, AND this year I do not expect to owe any income tax and expect to have a right to a full refund of ALL income tax withheld.

NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year. Employers may be required to notify IRS if you earn more than $200 per week.

V. NONTAXABLE WAGES – Check box 09 if wages you will receive are not subject to income tax withholding.

09 ◯ I claim that the wages I will be receiving from the State are either a 1) MINISTER OF A CHURCH in the exercise of his/her ministry, 2) NONIMMIGRANT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse, employee copy.)

Enter current address if it has changed. Enter "N/A" on fields with * if your address has not changed.

F	01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
	*	* *	*	*
	04 EMPLOYMENT LIST	WORK PHONE	HOME PHONE	
	☐ Check this box and enter your phone number(s) if your address is changing and your name appears on any departmental employment list. (See back, employee copy)			

Enter you date of birth in the format of 00/00/0000.

H	BIRTHDATE
	*
	MO | DAY | YR

Sign and date section I.

EMPLOYEE SIGNATURE

I certify that the above information is true and correct and that I have read the IRS Form W-4 and the applicable State form. Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I incurred no tax liability for last year and that I anticipate that I will incur no liability this year. I authorize my employer via the State Controller's Office to refund any overcollection of current/prior year Social Security and Medicare taxes; I certify that I shall not claim a tax refund or credit for these overcollections.	
EMPLOYEE'S SIGNATURE * Click here to sign	DATE *