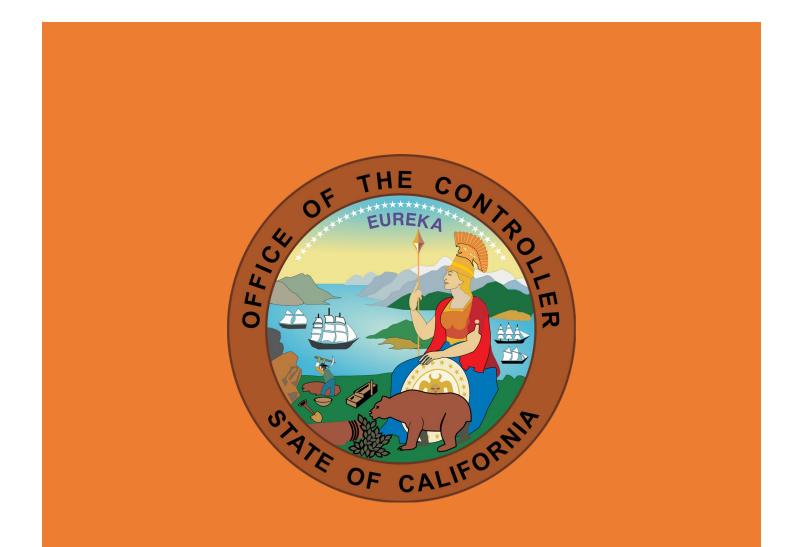
EAR KEYING GUIDE



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Background

The 2020 IRS Form W-4, Employees Withholding Certificate, includes fundamental changes to income tax withholding that will significantly affect both employers and employees. These changes are largely in response to the 2017 Tax Cuts and Jobs Act.

The most significant change is that there are no withholding allowances.

Existing employees are not required to complete a 2020 Form W4

All new hires must complete 2020 version of the form

All current employees must use the 2020 version if they wish to change their tax withholding.

Redesigned EAR (STD 686)

Due to the 2017 Tax Cut and Jobs Act, the method for determining Federal Tax Withholding has changed. To aid you in keying the updated STD 686 Employee Action Request (EAR) form for new employees or withholdings updates, the following is a guide to common keying scenarios.

The SCO has also released a Quick Start Guide to aid employees in completing the EAR form. We have noted that Human Resources Offices may not assist employees in determining the appropriate withholdings for their circumstances, and that the guide does not replace the advice of a tax professional.

The Quick Start Guide informs employees that the Internal Revenue Service (IRS) has specific instructions for completing the Form W-4, Employee's Withholding Certificate, and that the State of California uses the EAR form in lieu of the IRS document.

It also notes that use of the IRS' Tax Withholding Estimator as part of this process will yield the most accurate results. There is a link to it in the W4 form.

The employee is to fill out the STD 686 Employee Action Request (EAR) accordingly. It can be found at <u>www.dgs.ca.gov</u>; search for STD 686, it may also be found here: https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std686.pdf

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Important Information

The following is an excerpt from the Personnel Action Manual (PAM) that includes pertinent details regarding federal tax withholding fields. Additional details have been added for clarity. The following fields per the EH screen may not follow the EAR form directly.

Prior to keying an EAR transaction, refer to Section 5 (IRS LOCK-IN-LETTER AND EAR PROCESSING) for IRS lock-in requirements/restrictions.

FEDERAL: Tax Withholding Fields

NOTE: The following fields on the EAR screen are REQUIRED and must be completed.

The following fields per the EH screen layout may not follow the EAR form directly.

- MARITAL: Enter in **S** for Single, **M** for Married, or **H** for Head of Household.
- **TOTAL:** This field will be DISPLAY ONLY effective 12/1/2020.
 - **Note:** If this field is open, you must key **00.** Otherwise, tab to next field.
- HW: Key Y or N.
- **DEP AMT:** Enter a **dollar amount**. It must be a whole number. If no dollar amount, enter **00.** (This is an annualized amount)
- OTH INCOME: Enter a dollar amount. If no dollar amount, enter 00. (This is an annualized amount)
- **DEDUCTION:** Enter a **dollar amount**. If no dollar amount, enter **00**.
- **FEDERAL ADDL DEDUCTION:** Enter a **dollar amount**. The maximum value is 9999.99. If no dollar amount, enter **00**.
- **STATE ADDL DEDUCTION:** Enter a **dollar amount**. The maximum value is 999.99. If no dollar amount, enter **00**.

NOTE: If a decimal point is <u>not</u> keyed, the amount will be considered a whole dollar.

STATE: Tax Withholding Fields

- MARITAL: Key S for Single, M for Married and H for Head of Household.
- **REG:** Key the **number** of Regular Allowances.
- ADDL: Key the number of Additional Allowances.

EXEMPT FROM WITHHOLDING

- MARITAL: Key S for Single
- HW: Enter N
- **EXEMPT:** Enter **E** for Exempt
 - To remove an E, enter * (asterisk), then tab
- DEP AMT: Enter 00
- OTH INCOME: Enter 00
- **DEDUCTION:** Enter **00**

Guide to Keying the STD 686 Employee Action Request (EAR)

NON-TAXABLE/Deceased WAGES

- MARITAL: Key S for Single
- HW: Enter N
- **EXEMPT:** N for Non-Taxable wages
 - To remove N, enter * (asterisk), then tab
- **DEP AMT:** Enter 00
- OTH INCOME: Enter 00
- DEDUCTION: Enter 00

IMPORTANT INFORMATION (Cont.)

When zeroes appear in the samples, it confirms for keying purposes that it was intentional and correct that the employee did not include annualized dollar amounts.

IMPORTANT NOTE: This document strictly focuses on the federal portion of the EAR form. State exemption with allowances' are separate; Section E II must be completed as well, and must be keyed.

Note: The following samples are intended to be useful in assisting you. Please note that these are general examples and are not intended to be used without also referencing the Personnel Action Manual and FAQs.

SAMPLES begin on the following page

Single income; no additional jobs, dependents, other income, deductions or extra withholding: Corresponding STD 686 EAR

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STD. 666 (REV 122020)(FRONT)	
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SECTIONS C, E, F, G, H, I SECTIONS C, E, I	Name Change SECTIONS C, F, I Name Change (Attach substantiation) SECTIONS C, D, I 07 Birthdate Correction SECTIONS C, H, I
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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 reverse.)	
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Sample #2

Single, one additional job using Step 2(b) of IRS Form W-4 form (with a first income of \$60,000 and a second of \$20,000); no dependents, other income, deductions or extra withholding Corresponding STD 686 EAR

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Married filing jointly; one income, one dependent, no other income, deductions or extra withholding

		Print Form	Reset Form		PERSONNEL OF	FFICE USE	
STATE OF CALIFORNIA - STATE CONTROLLER		d to receive your pay	warrant in case of death? Contact	vour	01 AGENCY		EYED BY 04 DATE KEYED
STD. 686 (REV 12/2020)(FRONT)	QUESI	to update your design	ee's name or address (Form STD.)	243).	Α		
CHECK ONE OR MORE BOX(ES) AND CO	MPLETE LISTED SECTIONS.		RETURN	COMPLETED FORM TO YOUR	PERSONNEL OFFI	ICE. USE BALLPOIN	T PEN AND PRINT CLEARLY.
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exemption from Federal withhok	THHOLDING - Write/type EXEMPT in box 03 if you are eligi ing. 03 (See reverse) should be withheld, complete Part IV or V only.	withholding. No Federal or State income tax will be withheld from your wages. DD NOT COMPLETE PARTS I, II, OR III. (See General Information on reverse.) By writing/hpring JCEMPT, I claim exemption from withholding because of no tax fielding: Last year I did not owe any income tax and had a risk to a full refund of ALI income tax withhold. AND this year I do not expect to					
08 MARITAL STATUS FOR TAX PURP SINGLE OR MARRIED	OSES ONLY (Check one) 09 REGULAR ALLOWANCE(5)	NOTE: This exemption w	pect to have a right to a full re rill automatically expire on f ile a new certification by Jar	ebruary 15 of nex	t 12	
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Married filing jointly using Step 2 (c) method (Higher Withholding checkbox); two incomes, no dependents or other income, with other income and deductions Corresponding STD 686 EAR

			Print Form	Reset Form		PERSONNEL O	FFICELISE	
	TE OF CALIFORNIA - STATE CONTROLLER'S OFFICE IPLOYEE ACTION REQUEST			varrant in case of death? Contact y		01 AGENCY	02 UNIT	03 KEYED BY 04 DATE KEYED
	686 (REV 12/2020)(FRONT)	personnel o	office to update your design	ee's name or address (Form STD. 2)	43).	Α		
CHE	CK ONE OR MORE BOX(ES) AND COMPLETE LIS			RETURN CO			ICE. USE BALLI	POINT PEN AND PRINT CLEARLY.
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Head of Household; one income, two dependents, on other income, deductions or extra withholding

			Print Form	Reset Form		PERSONNEL O	FFICE USE		
	E OF CALIFORNIA - STATE CONTROLLER'S OFFICE IPLOYEE ACTION REQUEST			varrant in case of death? Contac		01 AGENCY	02 UNIT 0	03 KEYED BY 04 DATE	E KEYED
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Exempt from withholding, Federal Only

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Exempt from withholding, Federal and State Corresponding STD 686 EAR

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE EMPLOYEE ACTION REQUEST	Print Form Who is authorized to receive your pay w					
STD. 686 (REV 12/2020)(FRONT)	personnel office to update your designed	ee's name or address (Form STD. 243).				
CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTE		RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.				
B 01 New Employee 03 SECTIONS C, E, F, G, H, I 03	SECTIONS C, E, I	Name Change C, F, I Name Change of SECTIONS SECTIONS C, D, I Birthdate Correction SECTIONS C, D, I				
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C		03 FIRST NAME AND MIDDLE INITIAL FORMER NAME (Last, First, and Middle) Exempt D				
WITHHOLDING CHANGE OR NEW EMPLOYEE	***IMPORTANT*** Before completing Section E, you must r	ead the instructions on Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)				
exemption from Federal withholding. 03 II. STATE ALLOWANCES - IF no tax should be withhold 08 MARITAL STATUS FOR TAX PURPOSES ONLY (Chee SINICLE OR MARRIED 09 WITH TWO OR MORE INCOMES) MICHAE INCOME 00 HEAD OF HOUSEHOLD	HIGHER WITHHOLDING (Mast by Y or N. See reveal) CLAIM DEPENDENTS AMOUNT MUST BE A MOLE NUMBER OTHER INCOME OTHER INCOME DEDUCTIONS Withelype EXEMPT in box 03 if you are eligible to claim See reverse) Withelype EXEMPT in box 03 if you are eligible to claim See reverse) REGULAR ALLOWANCE(S) Total you are claiming Total you are claiming	III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete box(s) 11 and/or 12 if you with additional Federal and/or State withheld from your wayse, IF 8005X AIE NOT COMPLETEQ.UIRBENT DEDUCTIONS (IF ANY) WIL IE CANCELLED. The first deduction will be made from your earnings for the pay period in which this form is processed. Must be a dollar amount. Intersty authorize the State Controller to deduct monthly from my wayes the additional Federal and/or State tax amount specified below. IIIEBERAL				
ADDRESS CHANGE OR NEW EMPLOYEE *See rev O1 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box) F		02 CITY STATE 03 ZIP CODE				
04 EMPLOYMENT LIST Check this box and enter your phone number mane appears on any departmental employm NEW EMPLOYMER THE INFORMATION MARK OF LIED TO 100						
G 01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY 02 OR CAMPUS OF: 02	LAST NAME (if different) 03 SEPARATED MO YR	Al ARTONICOL RELIBERENT 31 CENERATION (City, County, Public School, Unily, etc.) MO YR				
H BIRTHDATE H BIRTHDATE Immber to which I am anticipate that I will of current/prior year EMPLOYEES SIGNATUR	w information is true and correct and that I have read the IR I certify that the number of withholding exemptions and allow entitled. If claiming exemption from withholding, I certify th incur no liability this year. Tauthorize my employer via the S Social Security and Medicare taxes; I certify that I shall not	vances claimed on this certificate does not exceed the tat I incurred no tat liability for last year and that I tat Controller's Office to rehand any overcollection				

S 00
STATE: MARITAL REG ADDL EXEMPT FROM WITHHOLD/NON-TAXABLE WAGES
S 00 00 E 00 00 00
HW DEP AMT OTH INCOME DEDUCTIONS
N 0 0.00 0.00

Deceased Employee

	Print Form	Reset Form	PERSONNEL O	EEICE IISE				
STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE EMPLOYEE ACTION REQUEST		warrant in case of death? Contact your	01 AGENCY	02 UNIT 03 KEYED BY 04 DATE KEYED				
STD. 686 (REV 12/2020)(FRONT)	personnel office to update your design	nee's name or address (Form STD. 243).	A					
CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIO	NS.	RETURN COMPLE	TED FORM TO YOUR PERSONNEL OFF	ICE. USE BALLPOINT PEN AND PRINT CLEARLY.				
New Employee	Withholding Allowance Change 04 44	SECTIONS or	Name Change	Birthdate Correction				
B 01 SECTIONS C, E, F, G, H, I 03	Allowance Change 04 *Add SECTIONS C, E, I	ress Change	(Attach substantiation) SECTIONS C, D, I	07 SECTIONS C, H, I				
NOTE: Social Security Number and Last Name, First Name, and Middle Initia			NAME CHANG	E				
01 SOCIAL SECURITY NUMBER 02 EMPLOYE	E LAST NAME	03 FIRST NAME AND MIDDLE INITIAL	FORMER NA	ME (Last, First, and Middle)				
C 000-00-0000 Taxpayer		Deceased						
	PORTANT*** Before completing Section E, you mus							
I. FEDERAL WITHHOLDING – If no tax should be withheld, compl				omplete box(es) 11 and/or 12 if you wish ARE NOT COMPLETED, CURRENT DEDUCTIONS				
01 NONRESIDENT ALIEN 04	HIGHER WITHHOLDING (Must be Y or N. See reverse)	(IF ANY) WILL BE CANCELLED. The	first deduction will be made from your	earnings for the pay period in which this form				
02 MARITAL STATUS FOR TAX PURPOSES ONLY 05	CLAIM DEPENDENTS	is processed. Must be a dollar an		additional Federal and/or State tax amount				
SINGLE	AMOUNT MUST BE A WHOLE NUMBER	specified below.	to occurr monthly non-my wages the	automari ederar andror state tax amount				
MARRIED 06	OTHER INCOME NOT FROM JOBS	11 FEDE ADD	RAL TIONAL DEDUCTION 12	STATE ADDITIONAL DEDUCTION				
HEAD OF 07	DEDUCTIONS							
03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type	EXEMPT in box 03 if you are eligible to claim	IV. EXEMPTION FROM WITHHOLDING – Write/type EXEMPT in box 13 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.						
exemption from Federal withholding. 03	(See reverse)	(See General Information on reverse.) By writing/typing EXEMPT, I claim exemption from withholding because of no tax liability: Last year I did not owe						
II. STATE ALLOWANCES - If no tax should be withheld, complete	e Part IV or V only.	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.						
08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)		NOTE: This exemption will automatically expire on February 15 of next						
(WITH TWO OR MORE INCOMES)	REGULAR ALLOWANCE(S) Total you are claiming		certification by January 31 of next y					
MARRIED 10	ADDITIONAL ALLOWANCE(S)		k box 14 if wages you will receive are no					
	Total you are claiming	14 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason Gee General Information on reverse						
HOUSEHOLD		(See General Information o	n reverse) Deceased	Employee Wages 👻				
ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.								
01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)		02 CITY		STATE 03 ZIP CODE				
F								
04 EMPLOYMENT LIST	WORK PHONE		HOME PHONE					
Check this box and enter your phone number(s) if your and	ddress is changing and your		HUME PHUNE					
name appears on any departmental employment list. (Se NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR		EDITS AND/OR RETIREMENT SYSTEM RENI	EITS					
01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY 02 LAST NAM		04 LAST EMPLOYED BY CALIFORNIA PL		ifferent) 06 SEPARATED				
G OR CAMPUS OF:		(City, County, Public School, Utility,	etc.)					
	MO YR			MO YR				
NEW EMPLOYEE OR EMPLOYEE SIGNATURE								
	ion is true and correct and that I have read the 1 at the number of withholding exemptions and allo	RS Form W-4 and the applicable State						
number to which I am entitled.	f claiming exemption from withholding, I certify	that I incurred no tax liability for last	year and that I	SIGNATURE				
anticipate that I will incur no in	ability this year. I authorize my employer via the urity and Medicare taxes; I certify that I shall no	state Controller's Office to refund an t claim a tax refund or credit for these	overcollections.					
EMPLOYEE'S SIGNATURE	×		DATE DATE	PHONE NUMBER				
MO DAY YR Deceased	ł Taxpayer's sign	ature not	1/1/2021					
	required							

SSA NUMBER	EMPLOY	EE LAST NAME	FIRST AND INITIAL
Cist is the second			
FEDERAL: MARITAL	TOTAL LOCK	FEDERAL ADDL	L DEDUCTION STATE ADDL DEDUCTION
S	00 00	0.00	0.00
STATE: MARITAL	REG ADDL	EXEMPT FROM	WITHHOLD/NON-TAXABLE WAGES
S	00 00	N 00	00 00
HW DEP	AMT OTH INCOME	DEDUCTIONS	
N 0.	0.00	0.00_	

Guide to Keying the STD 686 Employee Action Request (EAR)

Resources

Internal Revenue Service – <u>www.irs.gov</u>

Franchise Tax Board – <u>www.ftb.ca.gov</u>

Employment Development Department – <u>www.edd.ca.gov</u>

Department of Government Services – <u>www.dgs.ca.gov</u>

2020 EAR (Std. 686) Form and Federal Withholdings Toolkit– www.sco.ca.gov/ppsd_2020fedwithholdings.html

Statewide Customer Contact Center – (916) 372-7200

END