

EAR KEYING GUIDE



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

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.

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

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 www.dgs.ca.gov; search for STD 686, it may also be found here: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std686.pdf>

The image shows the STD 686 Employee Action Request form, titled "EMPLOYEE ACTION REQUEST" with the subtitle "STD. 686 (REV. 12/2020) (FRONT)". The form is divided into several sections:

- PERSONNEL OFFICE USE:** Includes fields for Agency (A), Unit (B), Keyed By (C), and Date Keyed (D).
- Print Form / Reset Form:** Buttons at the top center.
- Who is authorized to receive your pay warrant in case of death?** A field for contact information.
- CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS:**
 - B 01:** New Employee (Sections C, E, F, G, H, I)
 - 03:** Withholding Allowance Change (Sections C, E, I)
 - 04:** *Address Change (Sections C, F, I)
 - 05:** Name Change (Attach substantiation) (Sections C, D, I)
 - 07:** Birthdate Correction (Sections C, H, I)
- NOTE:** Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.
- C:** Social Security Number, Employee Last Name, First Name and Middle Initial.
- D:** Former Name (Last, First, and Middle).
- WITHHOLDING CHANGE OR NEW EMPLOYEE:**
 - E I. FEDERAL WITHHOLDING:** Includes Nonresident Alien, Higher Withholding, Claim Dependents, Other Income, Deductions, and Exempt from Federal Withholding.
 - II. STATE ALLOWANCES:** Includes Single or Married, Regular Allowance(s), and Additional Allowance(s).
 - III. ADDITIONAL DEDUCTIONS:** Federal and State additional deductions.
 - IV. EXEMPTION FROM WITHHOLDING:** Write/type EXEMPT in box 13 if eligible for exemption.
 - V. NONTAXABLE WAGES:** Check box 14 if wages are not subject to income tax withholding.
- ADDRESS CHANGE OR NEW EMPLOYEE:**
 - F 01:** Employee Address (Street, Rural Route, or P.O. Box), City, State, Zip Code.
 - 04:** Employment List, Work Phone, Home Phone.
- NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS:**
 - G 01:** Last Employed by California State Agency or Campus Of.
 - 02:** Last Name (if different).
 - 03:** Separated (MO, YR).
 - 04:** Last Employed by California Public Agency Of (City, County, Public School, Utility, etc.).
 - 05:** Last Name (if different).
 - 06:** Separated (MO, YR).
- NEW EMPLOYEE OR BIRTHDATE CORRECTION:**
 - H:** Birthdate (MO, DAY, YR).
 - I:** Employee Signature and Date.
- PERSONNEL OFFICE USE:**
 - J:** Reviewer's Signature, Date, and Phone Number.

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 not 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**

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

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

SAMPLE #1

Single income; no additional jobs, dependents, other income, deductions or extra withholding;

Corresponding STD 686 EAR

Print Form		Reset Form		PERSONNEL OFFICE USE			
STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE EMPLOYEE ACTION REQUEST STD. 686 (REV. 12/2020)(FRONT)				Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).			
CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS.				RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.			
B	<input type="checkbox"/> 01 New Employee SECTIONS C, E, F, G, H, I	<input checked="" type="checkbox"/> 03 Withholding Allowance Change SECTIONS C, E, I	<input type="checkbox"/> 04 *Address Change SECTIONS C, F, I	<input type="checkbox"/> 05 Name Change (Attach substantiation) SECTIONS C, D, I	<input type="checkbox"/> 07 Birthdate Correction SECTIONS C, H, I		
NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.				NAME CHANGE			
C	01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Taxpayer	03 FIRST NAME AND MIDDLE INITIAL Single	D FORMER NAME (Last, First, and Middle)			
WITHHOLDING CHANGE OR NEW EMPLOYEE ***IMPORTANT*** Before completing Section E, you must read the instructions on Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)							
E	01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy)	04 <input type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse)	III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE 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.				
	02 MARITAL STATUS FOR TAX PURPOSES ONLY <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD	05 0 CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER	06 0 OTHER INCOME NOT FROM JOBS	07 0 DEDUCTIONS	I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. 11 <input type="text"/> FEDERAL ADDITIONAL DEDUCTION 12 <input type="text"/> STATE ADDITIONAL DEDUCTION		
	03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 <input type="text"/> (See reverse)	II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only. 08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one) <input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES) <input type="checkbox"/> MARRIED (ONE INCOME) <input type="checkbox"/> HEAD OF HOUSEHOLD		09 <input type="text"/> REGULAR ALLOWANCE(S) Total you are claiming	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. (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 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. 13 <input type="text"/>		
		10 <input type="text"/> ADDITIONAL ALLOWANCE(S) Total you are claiming	V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding. 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse) <input type="text"/>				
ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.							
F	01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)		02 CITY	STATE	03 ZIP CODE		
	04 EMPLOYMENT LIST <input type="checkbox"/> 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.)		WORK PHONE	HOME PHONE			
NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS							
G	01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED MO YR	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED MO YR	
NEW EMPLOYEE OR BIRTHDATE CORRECTION				EMPLOYEE SIGNATURE			
H	BIRTHDATE MO DAY YR	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 <i>Single Taxpayer</i>		DATE 01/01/2021		PERSONNEL OFFICE USE	
				REVIEWER'S SIGNATURE		DATE PHONE NUMBER	

FEDERAL: MARITAL	TOTAL	LOCK	FEDERAL ADDL DEDUCTION	STATE ADDL DEDUCTION
S		00		-
STATE: MARITAL	REG	ADDL	EXEMPT FROM WITHHOLD/NON-TAXABLE WAGES	
S	00	00	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)

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

Print Form Reset Form

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV. 12/2020) (FRONT)

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE

A 01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYS
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CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. **RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.**

B 01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	<input checked="" type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	<input type="checkbox"/> *Address Change SECTIONS C, F, I	<input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	<input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
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NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C 01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Taxpayer
03 FIRST NAME AND MIDDLE INITIAL Single B	
D FORMER NAME (Last, First, and Middle)	

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

<p>E I. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only.</p> <p>01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy)</p> <p>02 MARITAL STATUS FOR TAX PURPOSES ONLY</p> <p><input checked="" type="checkbox"/> SINGLE</p> <p><input type="checkbox"/> MARRIED</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p> <p>03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 [] (See reverse)</p> <p>II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.</p> <p>08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)</p> <p><input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)</p> <p><input type="checkbox"/> MARRIED (ONE INCOME)</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p>	<p>04 HIGHER WITHHOLDING (Must be Y or N. See reverse)</p> <p>05 [0] CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER</p> <p>06 [0] OTHER INCOME NOT FROM JOBS</p> <p>07 [0] DEDUCTIONS</p> <p>III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE 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.</p> <p>I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.</p> <p>11 [390.83] FEDERAL ADDITIONAL DEDUCTION</p> <p>12 [] STATE ADDITIONAL DEDUCTION</p> <p>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. (See General Information on reverse.)</p> <p>By writing/typing EXEMPT, 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.</p> <p>NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year. 13 []</p> <p>V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding. 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse)</p> <p>14 <input type="checkbox"/> []</p>
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ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
04 EMPLOYMENT LIST			
<input type="checkbox"/> 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.)			
WORK PHONE		HOME PHONE	

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED	MO	YR	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 SEPARATED	MO	YR
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NEW EMPLOYEE OR BIRTHDATE CORRECTION

H BIRTHDATE	I 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.
MO DAY YR	EMPLOYEE'S SIGNATURE Single Taxpayer
	DATE 01/01/2021

PERSONNEL OFFICE USE

J REVIEWER'S SIGNATURE	
DATE	PHONE NUMBER

FEDERAL: MARITAL	TOTAL	LOCK	FEDERAL ADDL DEDUCTION	STATE ADDL DEDUCTION
S	00	00	390.83	
STATE: MARITAL	REG	ADDL	EXEMPT FROM WITHHOLD/NON-TAXABLE WAGES	
S	00	00	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)

SAMPLE #3

Single; one additional job using Step 2(c) of IRS Form W-4 (Higher Withholding checkbox), no dependents, other income, deductions or extra withholding

Corresponding STD 686 EAR

Print Form Reset Form

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV. 12/2020) (FRONT)

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE

A 01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
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CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. **RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.**

B 01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input checked="" type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change } SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
--	---	--	--	--

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C 01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Taxpayer	03 FIRST NAME AND MIDDLE INITIAL Single C	D FORMER NAME (Last, First, and Middle)
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WITHHOLDING CHANGE OR NEW EMPLOYEE *****IMPORTANT***** Before completing Section E, you must read the instructions on Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)

E 01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy)	04 <input type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse)
02 <input checked="" type="checkbox"/> SINGLE	05 <input type="checkbox"/> CLAIM DEPENDENTS AMOUNT MUST BEA WHOLE NUMBER
03 <input type="checkbox"/> MARRIED	06 <input type="checkbox"/> OTHER INCOME NOT FROM JOBS
04 <input type="checkbox"/> HEAD OF HOUSEHOLD	07 <input type="checkbox"/> DEDUCTIONS
03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 <input type="checkbox"/> (See reverse)	

III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE 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.

I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.

11 <input type="checkbox"/> FEDERAL ADDITIONAL DEDUCTION	12 <input type="checkbox"/> STATE ADDITIONAL DEDUCTION
--	--

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. (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 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. 13

V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding. 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse)

14

II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.

08 SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)

09 REGULAR ALLOWANCE(S)
Total you are claiming

10 MARRIED (ONE INCOME)

10 ADDITIONAL ALLOWANCE(S)
Total you are claiming

10 HEAD OF HOUSEHOLD

ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
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04 EMPLOYMENT LIST

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.)

WORK PHONE _____ HOME PHONE _____

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED
---	-----------------------------	--------------	---	-----------------------------	--------------

NEW EMPLOYEE OR BIRTHDATE CORRECTION

01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED
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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: *Single Taxpayer* DATE: 01/01/2021

PERSONNEL OFFICE USE

J REVIEWER'S SIGNATURE	DATE
	PHONE NUMBER

FEDERAL: MARITAL	TOTAL	LOCK	FEDERAL ADDL DEDUCTION	STATE ADDL DEDUCTION
S	00			
STATE: MARITAL	REG	ADDL	EXEMPT FROM WITHHOLD/NON-TAXABLE WAGES	
S	00	00	00 00 00	
HW DEP	AMT	OTH	INCOME DEDUCTIONS	
Y	0	0.00	0.00	

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

SAMPLE #4

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

Corresponding STD 686 EAR

Print Form Reset Form

STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV. 12/2020)/FRONT

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE

A 01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
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CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.

B 01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input checked="" type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
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NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C 01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Taxpayer
03 FIRST NAME AND MIDDLE INITIAL Married	
D FORMER NAME (Last, First, and Middle)	

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

E 01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy) 02 MARITAL STATUS FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD 03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03	04 <input type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse) 05 2000 CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER 06 0 OTHER INCOME NOT FROM JOBS 07 0 DEDUCTIONS
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III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE 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.**

I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.

11 <input type="checkbox"/> FEDERAL ADDITIONAL DEDUCTION	12 <input type="checkbox"/> STATE ADDITIONAL DEDUCTION
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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. (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 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. 13

V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding. 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse) 14

II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.
 08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)
 SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)
 MARRIED (ONE INCOME)
 HEAD OF HOUSEHOLD
 09 **REGULAR ALLOWANCE(S)**
Total you are claiming
 10 **ADDITIONAL ALLOWANCE(S)**
Total you are claiming

ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

F 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
04 EMPLOYMENT LIST <input type="checkbox"/> 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.)			
WORK PHONE		HOME PHONE	

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

G 01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED MO YR	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED MO YR
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NEW EMPLOYEE OR BIRTHDATE CORRECTION

H BIRTHDATE MO DAY YR	I 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: Married Taxpayer DATE: 01/01/2021	J PERSONNEL OFFICE USE REVIEWER'S SIGNATURE DATE: PHONE NUMBER
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FEDERAL: MARITAL	TOTAL	LOCK	FEDERAL ADDL DEDUCTION	STATE ADDL DEDUCTION
M		00		
STATE: MARITAL	REG	ADDL	EXEMPT FROM WITHHOLD/NON-TAXABLE WAGES	
M	00	00	00 00 00	
HW DEP AMT OTH INCOME DEDUCTIONS				
N	2000		0.00	0.00

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

SAMPLE #5

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

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV 12/2020)(FRONT)

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE

A	01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
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CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.

B	01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input checked="" type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change } SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
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NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C	D
01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Taxpayer
03 FIRST NAME AND MIDDLE INITIAL Married D	
NAME CHANGE 04 FORMER NAME (Last, First, and Middle)	

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

<p>I. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only.</p> <p>01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy)</p> <p>02 MARITAL STATUS FOR TAX PURPOSES ONLY</p> <p><input type="checkbox"/> SINGLE</p> <p><input checked="" type="checkbox"/> MARRIED</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p> <p>03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 _____ (See reverse)</p> <p>II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.</p> <p>08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)</p> <p><input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)</p> <p><input checked="" type="checkbox"/> MARRIED (ONE INCOME)</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p>	<p>04 <input checked="" type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse)</p> <p>05 CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER 0</p> <p>06 OTHER INCOME NOT FROM JOBS 3000</p> <p>07 DEDUCTIONS 500</p> <p>III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE 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.</p> <p>I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.</p> <p>11 FEDERAL ADDITIONAL DEDUCTION 50</p> <p>12 STATE ADDITIONAL DEDUCTION</p> <p>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. (See General Information on reverse.)</p> <p><i>By writing/typing EXEMPT, 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.</i></p> <p>NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.</p> <p>13 _____</p> <p>V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding. 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse)</p> <p>14 <input type="checkbox"/> _____</p>
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ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
04 EMPLOYMENT LIST			
<input type="checkbox"/> 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.)			
WORK PHONE		HOME PHONE	

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED
		MO YR			MO YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION

H	I	J
BIRTHDATE	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.	REVIEWER'S SIGNATURE
MO DAY YR		EMPLOYEE'S SIGNATURE Married Taxpayer
		PERSONNEL OFFICE USE DATE PHONE NUMBER

FEDERAL: MARITAL	TOTAL	LOCK	FEDERAL ADDL DEDUCTION	STATE ADDL DEDUCTION
M	00	00	50.00	
STATE: MARITAL	REG	ADDL	EXEMPT FROM WITHHOLD/NON-TAXABLE WAGES	
M	00	00	00 00 00	
HW DEP	AMT	OTH	INCOME DEDUCTIONS	
Y	0	3000	500_	

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

SAMPLE #6

Head of Household; one income, two dependents, on other income, deductions or extra withholding

Corresponding STD 686 EAR

Print Form Reset Form

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV. 12/2020)(FRONT)

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE

A	01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
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CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.

B 01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input checked="" type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change	05 <input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
---	--	--	---	---

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C 01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Household	03 FIRST NAME AND MIDDLE INITIAL Head O	D FORMER NAME (Last, First, and Middle)
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WITHHOLDING CHANGE OR NEW EMPLOYEE ***IMPORTANT*** Before completing Section E, you must read the instructions on Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)

<p>I. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only.</p> <p>01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy)</p> <p>02 MARITAL STATUS FOR TAX PURPOSES ONLY</p> <p><input type="checkbox"/> SINGLE</p> <p><input type="checkbox"/> MARRIED</p> <p><input checked="" type="checkbox"/> HEAD OF HOUSEHOLD</p> <p>03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 [] (See reverse)</p> <p>II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.</p> <p>08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)</p> <p><input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)</p> <p><input type="checkbox"/> MARRIED (ONE INCOME)</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p> <p>09 REGULAR ALLOWANCE(S) Total you are claiming</p> <p>10 ADDITIONAL ALLOWANCE(S) Total you are claiming</p>	<p>04 HIGHER WITHHOLDING (Must be Y or N. See reverse)</p> <p>05 4000 CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER</p> <p>06 0 OTHER INCOME NOT FROM JOBS</p> <p>07 0 DEDUCTIONS</p> <p>III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE 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.</p> <p>I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.</p> <p>11 [] FEDERAL ADDITIONAL DEDUCTION 12 [] STATE ADDITIONAL DEDUCTION</p> <p>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. (See General Information on reverse.)</p> <p>By writing/typing EXEMPT, 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.</p> <p>NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year. 13 []</p> <p>V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding. 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse)</p> <p>14 []</p>
---	--

ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
04 EMPLOYMENT LIST			
<input type="checkbox"/> 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.)			
WORK PHONE	HOME PHONE		

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF:	05 LAST NAME (if different)	06 SEPARATED
		MO YR	(City, County, Public School, Utility, etc.)		MO YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION

H BIRTHDATE	I 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.	J PERSONNEL OFFICE USE
MO DAY YR	EMPLOYEE'S SIGNATURE Head O Household	REVIEWER'S SIGNATURE
	DATE 01/01/2021	DATE
		PHONE NUMBER

```

FEDERAL: MARITAL   TOTAL   LOCK   FEDERAL ADDL DEDUCTION   STATE ADDL DEDUCTION
      H              00
STATE: MARITAL   REG   ADDL   EXEMPT FROM WITHHOLD/NON-TAXABLE WAGES
      H           00   00           00   00   00
HW DEP AMT OTH INCOME DEDUCTIONS
      N   4000           0.00           0.00
    
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Guide to Keying the STD 686 Employee Action Request (EAR)

SAMPLE #7

Exempt from withholding, Federal Only

Corresponding STD 686 EAR

Print Form Reset Form

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV. 12/2020)/FRONT

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE
 A 01 AGENCY 02 UNIT 03 KEYED BY 04 DATE KEYS

CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.

B 01 New Employee (SECTIONS C, E, F, G, H, I) 03 Withholding Allowance Change (SECTIONS C, E, I) 04 *Address Change } SECTIONS C, F, I 05 Name Change (Attach substantiation) (SECTIONS C, D, I) 07 Birthdate Correction (SECTIONS C, H, I)

NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C 01 SOCIAL SECURITY NUMBER 02 EMPLOYEE LAST NAME 03 FIRST NAME AND MIDDLE INITIAL D FORMER NAME (Last, First, and Middle)

000-00-0000 Taxpayer Exempt

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

E I. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only.

01 NON-RESIDENT ALIEN (See reverse, employee copy) 04 HIGHER WITHHOLDING (Must be Y or N. See reverse)

02 MARITAL STATUS FOR TAX PURPOSES ONLY 05 CLAIM DEPENDENTS (AMOUNT MUST BE A WHOLE NUMBER)

SINGLE 06 OTHER INCOME NOT FROM JOBS

MARRIED 07 DEDUCTIONS

HEAD OF HOUSEHOLD

03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 EXEMPT (See reverse)

II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.

08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)

SINGLE OR MARRIED (WITH TWO OR MORE INCOMES) 09 REGULAR ALLOWANCE(S) Total you are claiming

MARRIED (ONE INCOME) 10 ADDITIONAL ALLOWANCE(S) Total you are claiming

HEAD OF HOUSEHOLD

III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE 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.

I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.

11 FEDERAL ADDITIONAL DEDUCTION 12 STATE ADDITIONAL DEDUCTION

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. (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 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. 13

V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding.

14 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) NON-RESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse)

ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

F 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box) 02 CITY STATE 03 ZIP CODE

04 EMPLOYMENT LIST 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.) WORK PHONE HOME PHONE

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

G 01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF: 02 LAST NAME (if different) 03 SEPARATED MO YR 04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.) 05 LAST NAME (if different) 06 SEPARATED MO YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION

H BIRTHDATE MO DAY YR

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 DATE 01/01/2021

PERSONNEL OFFICE USE

J REVIEWER'S SIGNATURE DATE PHONE NUMBER

FEDERAL:	MARITAL	TOTAL	LOCK	FEDERAL ADDL	DEDUCTION	STATE ADDL	DEDUCTION
	E		00				
STATE:	MARITAL	REG	ADDL	EXEMPT FROM WITHHOLD/	NON-TAXABLE	WAGES	
	S	00	00	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)

SAMPLE #8

Exempt from withholding, Federal and State

Corresponding STD 686 EAR

Print Form Reset Form

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV. 12/2020)(FRONT)

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE

A 01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYPED
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CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.

B 01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input checked="" type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change } SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
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NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C 01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Taxpayer	03 FIRST NAME AND MIDDLE INITIAL Exempt
---	-----------------------------------	--

NAME CHANGE
FORMER NAME (Last, First, and Middle)

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

<p>E I. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only.</p> <p>01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy)</p> <p>02 MARITAL STATUS FOR TAX PURPOSES ONLY</p> <p><input type="checkbox"/> SINGLE</p> <p><input type="checkbox"/> MARRIED</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p> <p>03 EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03</p> <p>II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.</p> <p>08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)</p> <p><input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)</p> <p><input type="checkbox"/> MARRIED (ONE INCOME)</p> <p><input type="checkbox"/> HEAD OF HOUSEHOLD</p> <p>09 REGULAR ALLOWANCE(S) Total you are claiming</p> <p>10 ADDITIONAL ALLOWANCE(S) Total you are claiming</p>	<p>III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete boxes 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE 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.</p> <p>I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.</p> <p>11 <input type="checkbox"/> FEDERAL ADDITIONAL DEDUCTION 12 <input type="checkbox"/> STATE ADDITIONAL DEDUCTION</p> <p>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. (See General Information on reverse.)</p> <p>By writing/typing EXEMPT, 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.</p> <p>NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.</p> <p>13 <input type="text" value="EXEMPT"/></p> <p>V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding.</p> <p>14 <input type="checkbox"/> 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse)</p>
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ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
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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.)

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED
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NEW EMPLOYEE OR BIRTHDATE CORRECTION **EMPLOYEE SIGNATURE**

01 BIRTHDATE	02 EMPLOYEE SIGNATURE <i>Exempt Taxpayer</i>	DATE 01/01/2021
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PERSONNEL OFFICE USE

REVIEWER'S SIGNATURE	DATE
PHONE NUMBER	

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FEDERAL: MARITAL    TOTAL    LOCK    FEDERAL ADDL DEDUCTION    STATE ADDL DEDUCTION
              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
    
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Guide to Keying the STD 686 Employee Action Request (EAR)

SAMPLE #9

Deceased Employee

Corresponding STD 686 EAR

Print Form Reset Form

STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE
EMPLOYEE ACTION REQUEST
 STD. 686 (REV. 12/2020)(FRONT)

Who is authorized to receive your pay warrant in case of death? Contact your personnel office to update your designee's name or address (Form STD. 243).

PERSONNEL OFFICE USE

A 01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
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CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS. **RETURN COMPLETED FORM TO YOUR PERSONNEL OFFICE. USE BALLPOINT PEN AND PRINT CLEARLY.**

B 01 <input type="checkbox"/> New Employee SECTIONS C, E, F, G, H, I	03 <input checked="" type="checkbox"/> Withholding Allowance Change SECTIONS C, E, I	04 <input type="checkbox"/> *Address Change } SECTIONS C, F, I	05 <input type="checkbox"/> Name Change (Attach substantiation) SECTIONS C, D, I	07 <input type="checkbox"/> Birthdate Correction SECTIONS C, H, I
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NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.

C 01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Taxpayer	03 FIRST NAME AND MIDDLE INITIAL Deceased	D FORMER NAME (Last, First, and Middle)
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WITHHOLDING CHANGE OR NEW EMPLOYEE *****IMPORTANT***** Before completing Section E, you must read the instructions on Internal Revenue Service (IRS) Form W-4 and the applicable state tax form. (For California, use Form DE-4)

I. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only. 01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy) 02 MARITAL STATUS FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD 03 <input type="checkbox"/> EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. 03 _____ (See reverse)	04 <input checked="" type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse) 05 _____ CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER 06 _____ OTHER INCOME NOT FROM JOBS 07 _____ DEDUCTIONS 08 _____ STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only. 08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one) <input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES) <input type="checkbox"/> MARRIED (ONE INCOME) <input type="checkbox"/> HEAD OF HOUSEHOLD 09 REGULAR ALLOWANCE(S) Total you are claiming 10 ADDITIONAL ALLOWANCE(S) Total you are claiming
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III. ADDITIONAL DEDUCTIONS - Part I and Part II must be completed. Complete box(es) 11 and/or 12 if you wish additional Federal and/or State tax withheld from your wages. IF BOXES ARE NOT COMPLETED, CURRENT DEDUCTIONS (IF ANY) WILL BE 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. I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below. 11 _____ FEDERAL ADDITIONAL DEDUCTION 12 _____ STATE ADDITIONAL DEDUCTION	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. (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 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. 13 _____
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V. NONTAXABLE WAGES - Check box 14 if wages you will receive are not subject to income tax withholding. 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) NONRESIDENT ALIEN wages, or 3) DECEASED EMPLOYEE WAGES. Indicate reason (See General Information on reverse). 14 <input checked="" type="checkbox"/> Deceased Employee Wages
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ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.

F 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)	02 CITY	STATE	03 ZIP CODE
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04 EMPLOYMENT LIST
 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).
 WORK PHONE _____ HOME PHONE _____

NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS

G 01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:	02 LAST NAME (if different)	03 SEPARATED	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)	05 LAST NAME (if different)	06 SEPARATED
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NEW EMPLOYEE OR BIRTHDATE CORRECTION

H BIRTHDATE	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: <i>Deceased Taxpayer's signature not required</i>	DATE: 1/1/2021
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PERSONNEL OFFICE USE

J REVIEWER'S SIGNATURE	DATE
PHONE NUMBER	

SSA NUMBER	EMPLOYEE LAST NAME	FIRST AND INITIAL
FEDERAL: MARITAL	TOTAL	LOCK
S	00	00
FEDERAL ADDL DEDUCTION	0.00	
STATE: MARITAL	REG	ADDL
S	00	00
EXEMPT FROM WITHHOLD/NON-TAXABLE WAGES	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 – www.irs.gov

Franchise Tax Board – www.ftb.ca.gov

Employment Development Department – www.edd.ca.gov

Department of Government Services – www.dgs.ca.gov

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

Statewide Customer Contact Center – (916) 372-7200

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

END