

Office of Human Resources

Name Change Packet

~~Request form must be completed when a benefit-eligible staff or faculty member changes address, marital status, and/or benefit plan enrollment. These forms must be processed 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 occurs outside the Open Enrollment Period.~~

✓ **Verifying Dependents:** When enrolling a spouse or child for changing a spouse or child's enrollment in

required

the request for name change.

Forms to be returned for a name change:

Office of Human Resources Data Change Form

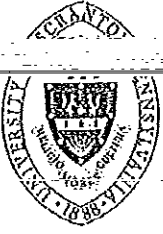
W-4 (only if you wish to change your federal withholding)

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



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 your 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.

Add Remove the following spouse/dependent(s):
(Please provide supporting documentation i.e. birth certificate, marriage license, divorce decree, etc.)

NAME		Birth	
	<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 _____
 HCCI _____
 COBRA _____

Received in HR _____
 Date Completed _____

Employee's Withholding Certificate

OMB No. 1545-0074

Form **W-4** **2022**
 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.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	<input type="checkbox"/> Check or checked filing separately <input type="checkbox"/> Single or married filing jointly <input type="checkbox"/> Married filing jointly or surviving widower		

▶ 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.

Complete Steps 2-4 **ONLY** if they apply to you. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/irpp, and privacy.

Multiple Jobs or Spouse Do only one of the following.

(a) Use the estimator at www.irs.gov/irpp 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 choose to use Form W-4 for the other job. This will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.

TIP: Take 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 the jobs. Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Dependents	Enter the number of other dependents by \$500	\$	
Add the amounts above and enter the total here			
Step 3 (optional):	(a) Other income (not from job) If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. Enter net interest, dividends, and retirement income.	4(a) \$	
Adjustments	Enter the amount you expect to claim for deductions other than the standard deduction and		

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

Only	employment	marital (only)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct amount of income tax from your pay. If too much is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and what your employer needs from Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following

(1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or

(2) you were not required to file a return because your income was below the filing threshold for your filing status.

penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of

submit a new Form W-4 by February 15, 2023.

Steps 2 through 4, use the online estimator, which will also

to your credits for dependents and enter the total amount in

Step 2(c), you may increase Step 2(b), if you have someone with whom you may enter an estimated amount you want withheld per pay period in Step 4(c). If this is the

only person you are exempting, you may increase Step 2(b) in Step 2(a), which will increase your withholding and significantly reduce your paycheck (often by thousands of

rather than paying tax on other income withheld from your

additional taxes, such as Additional Medicare Tax;

4. Prefer the most accurate withholding for multiple job

Specific Instructions

Step 1 (a). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the amount of tax you need to have withheld, while option (b) does so with a

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option

is available only if you are not married, filing jointly, more than 100,000 may be withheld, and this entire amount

two jobs.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other

dependents that you may be able to claim when you file your

the year, and must have the required social security number. You may be able to claim a credit for other dependents tax

requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also

include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax

credits. To do so, add an estimate of the amount for the year

and reduce the amount of any refund you may receive when you file your tax return.

Step 4(a). Enter in this step the total of your other

payments for that income. If you prefer to pay estimated tax

paycheck, see Form 1040-ES, Estimated Tax for Individuals.

2022 tax return and want to reduce your withholding to

Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(a) on Form W-4, complete this worksheet (which calculates the initial extra tax for all jobs) on only ONE

Form W-4. If more than one job has annual wages of more than \$10,000 or there are more than two jobs, you must use the online withholding estimator at www.irs.gov/ITAApp

1 Two Jobs If you have two jobs or you're married filing jointly and you and your spouse each have one

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.

Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Highest Paying Job" you and the annual wages for your next highest paying job and enter that value on line 2a 2a \$

Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Highest Paying Job" table and use the annual wages for your third job in the "Other" range in the "Highest Paying Job" table and enter the result 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

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 include 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: a. \$25,000 if you're married filing jointly or a qualifying widow(er) b. \$19,400 if you're head of household c. \$12,950 if you're single or married filing separately 2 \$

3 If line 1 is greater than line 2, enter the difference here. If line 1 is less than line 2, enter "-0-" 3 \$

4 Enter an estimate of your student loan interest deduction, 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 you are not required to provide the information requested on a form that is

Revenue Code sections 3402(b)(1) and 3402(b)(2) and their regulations require you to control number, books or records relating to a form or instrument that is



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers to report to the tax collector the information for the collection and distribution of Local Earned Income Taxes. If a name error occurs, please contact the tax collector contact information.

EMPLOYEE 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	MUNICIPALITY (City, Borough or Township)		
COUNTY	RESIDENT ID CODE	NON-RESIDENT ID CODE	TOTAL RESIDENT EIT RATE		

EMPLOYER BUSINESS INFORMATION

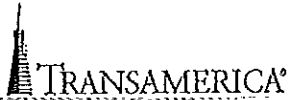
EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN		
University of Scranton			240708495		
STREET ADDRESS WHERE ADULT EMPLOYER REPORTS TO WORK					
900 Linden St					
ADDRESS LINE 2					
CITY	STATE	ZIP CODE	PHONE NUMBER		
Scranton	PA	18510	717-941-7101		
MUNICIPALITY (City, Borough or Township)			WORK LOCATION PSD CODE		
Scranton			Lackawanna		
			WORK LOCATION NON-RESIDENT EIT RATE		

CERTIFICATION

SIGNATURE OF EMPLOYEE		PHONE NUMBER	

please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com/Act32



Information Change

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

Section A. Employer Information

Company/Employer Name

SSN

Date of Birth

First Name/Middle Initial

Last Name

Mailing Address

City

State

Zip Code

Phone No.

Ext.

E-mail Address

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.

Date of Birth

(mm/dd/yyyy)

First Name/Middle Initial

Last Name

Mailing Address

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
4111 Edgewood Road NE
Room 2200
Cedar Rapids, IA 52499

Or, you may fax your completed form to 800-835-8061.

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.

Participant Name: _____ Effective Date of Change: _____

Social Security Number: _____

Previous Address

New Address

Signature of Accountholder

Date

Signature of HR Representative

Date