

Office of Human Resources

Name Change Packet

This 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 completed and returned to the Human Resources office within 30 days of the qualifying event and/or status change.

✓ **Qualifying Events:** A change in your situation — like getting married, having a baby, or losing health

coverage — within the applicable Open Enrollment Period.

✓ **Verifying Dependents:** When enrolling a spouse or child for changes (marriage or child's enrollment) in

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

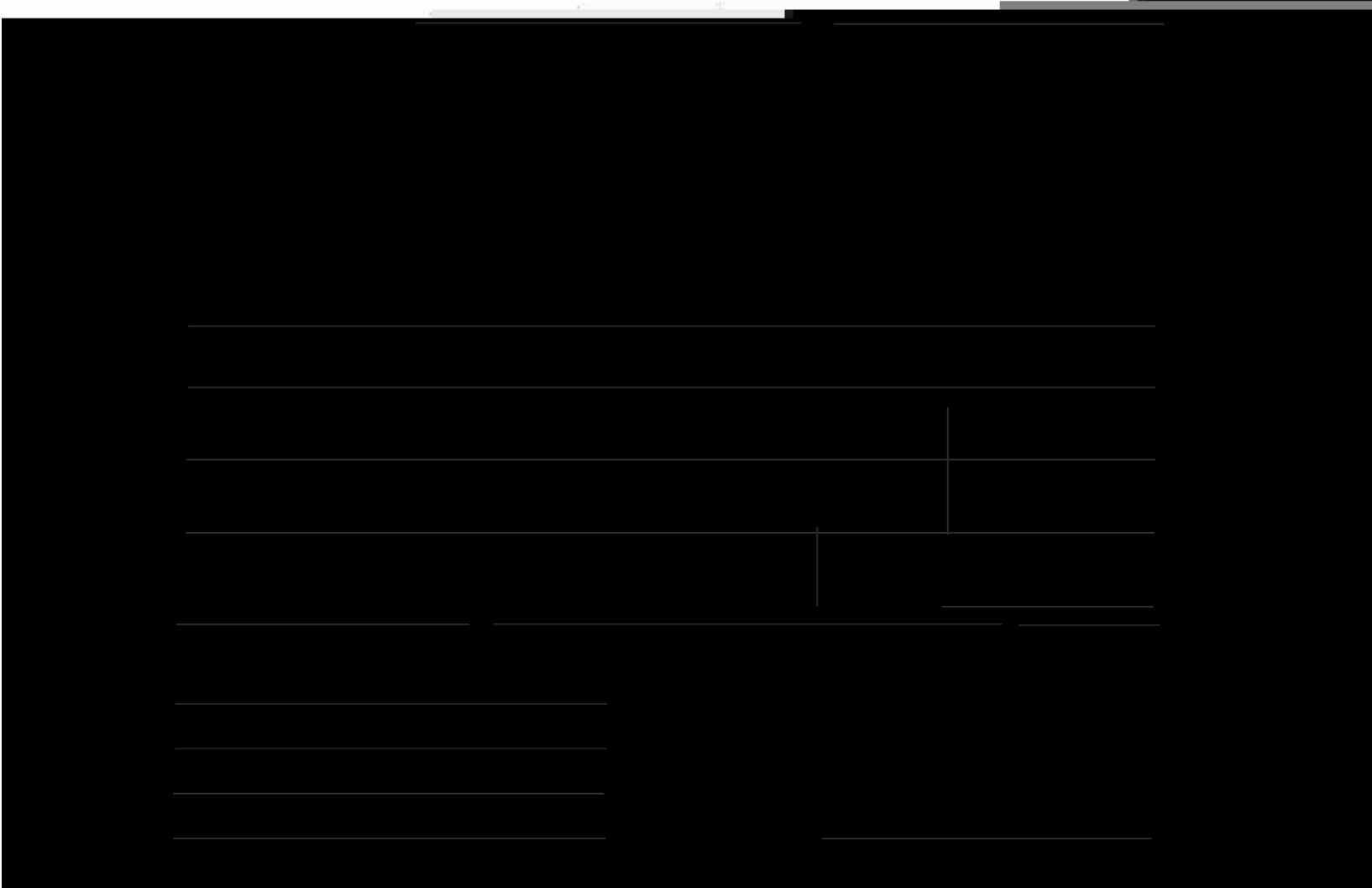
* Only complete the form for the vendor you have an account with

All forms are available in the Office of Human Resources, St. Thomas Hall room 100



R# _____





Received in HR _____
Date Completed _____

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 federal income tax from your pay. If too little 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 when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If 1040

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 1 \$ _____

- 2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job inⁿ



RESIDENCY CERTIFICATION FORM

Earned Income Tax Withholding

EMPLOYEE INFORMATION RESIDENCE LOCATION

ADDRESS LINE 2

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

MUNICIPALITY (City, Borough or Township)

COUNTY RESIDENT PSD CODE TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)

EMPLOYER FEIN

University of Scranton

2 4 0 7 9 5 4 9 5

STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)

800 Linden St

WORK LOCATION PSD CODE

WORK LOCATION NON-RESIDENT EIT RATE

ADDRESS LINE 2

3 5 0 9 0 1

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying

statements and to the best of my (our) belief they are true, correct and complete.

PHONE NUMBER

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES,

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