

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

Due to the 2017 Tax Cut and Jobs Act, the method for determining Federal Tax Withholding has changed. To aid you in completing the STD 686 Employee Action Request (EAR) form as a new employee or to update your withholdings, the following is a Quick Start Guide.

Please note that your Human Resources Office may not assist you in determining the appropriate withholdings for your circumstances, and this guide does not replace the advice of a tax professional.

The Internal Revenue Service has specific instructions for completing the W4 Withholdings Certificate. The State of California uses the EAR form in lieu of the IRS document.

Please note 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, or you may click this link:

<http://www.irs.gov/W4App>

To begin determining your withholdings:

Go to www.irs.gov. Click on Search Forms & Instructions

The screenshot shows the IRS website homepage. At the top, there is a navigation bar with the IRS logo and links for Help, News, English, Charities & Nonprofits, and Tax Pros. Below this is a secondary navigation bar with links for File, Pay, Refunds, Credits & Deductions, and Forms & Instructions, along with a search bar. The main content area features a grid of service tiles: Get My Economic Impact Payment, Get Your Refund Status, Get Your Tax Record, Make a Payment, Get Coronavirus Tax Relief, Tax Professionals: Renew Your PTIN, View Your Account, and Apply for an Employer ID Number (EIN). Below this grid is a section titled "Forms and Instructions" with three tiles: "1040 and Schedules 1-3 Individual Tax Return", "Other 1040 Schedules Information About the Other Schedules Filed With Form 1040", and "Form 2290 Heavy Highway Vehicle Use Tax Return". A red circle highlights the "Search Forms & Instructions" button in the bottom right corner of the "Forms and Instructions" section.

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Click on Form W4.

IRS File Pay Refunds Credits & Deductions **Forms & Instructions** Search

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Popular Forms, Instructions & Publications

Form 1040
US Individual Income Tax Return
Annual income tax return filed by citizens or residents of the United States.
[Form 1040](#) PDF

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[Instructions for Form 1040](#) PDF
[Tax Table from Instructions for Form 1040](#) PDF
[Schedules for Form 1040](#)
[Form 1040-SR](#) PDF

Form W-4
Employee's Withholding Certificate.
Complete Form W-4 so your employer can withhold the correct federal income tax from your pay.
[Form W-4](#) PDF

Related:
[Tax Withholding Estimator](#)

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The W4 form will load. It is four pages. Follow the instructions on the form to determine the appropriate withholding for your circumstances.

The image shows a screenshot of the 2021 Form W-4, "Employee's Withholding Certificate," displayed in a web browser. The browser's address bar shows the URL "irs.gov/pub/irs-pdf/fw4.pdf". The form is titled "Form W-4 Employee's Withholding Certificate" and includes the IRS logo and the year "2021".

The form is divided into several sections:

- Step 1: Personal Information** (Enter): Includes fields for (a) First name and middle initial, Last name, and (b) Social security number. It also includes fields for Address, City or town, state, and ZIP code, and checkboxes for "Single or Married filing separately" and "Married filing jointly or Qualifying widow(er)".
- Step 2: Multiple Jobs or Spouse Works**: Includes instructions and checkboxes for using the estimator at www.irs.gov/W4App or the Multiple Jobs Worksheet on page 3.
- Step 3: Claim Dependents**: Includes a table for claiming dependents. The table has columns for "Number of children under age 17 by 12/31", "Amount", and "Total".
- Step 4 (optional): Other Adjustments**: Includes fields for (a) Other income (not from jobs), (b) Deductions, and (c) Extra withholding.
- Step 5: Sign Here**: Includes a line for the Employee's signature and a line for the Date.
- Employers Only**: Includes fields for Employer's name and address, First date of employment, and Employer identification number (EIN).

The form also includes a "For Privacy Act and Paperwork Reduction Act Notice, see page 3." and "Cat. No. 102200" at the bottom.

The IRS Tax Withholding Estimator referenced in Step 2(a) can be found here: <https://www.irs.gov/individuals/tax-withholding-estimator> or go directly to the app <https://apps.irs.gov/app/tax-withholding-estimator-2020>

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Fill out the Form STD 686, Employee Action Request (EAR) accordingly. It can be found at www.dgs.ca.gov; search for STD 686.

Alternatively, it may also be found here: <https://www.documents.dgs.ca.gov/dgs/fmc/pdf/std686.pdf>

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

Print Form Reset Form

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 BOXES) 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)

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

02 **MARITAL STATUS FOR TAX PURPOSES ONLY**

SINGLE

MARRIED

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 (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)

MARRIED (ONE INCOME)

HEAD OF HOUSEHOLD

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

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

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/type 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.

13

V. **NON TAXABLE 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

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

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

DATE

J **PERSONNEL OFFICE USE**

REVIEWER'S SIGNATURE

DATE PHONE NUMBER

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The following samples may also be useful in assisting you. Please note that these are general examples and are not intended to be used without first using the IRS instructions to determine the appropriate federal withholding for you.

IMPORTANT NOTE #1: Fields E05, E06, and E07 are no longer for exemptions, but rather for annualized dollar amounts.

When zeroes appear in the samples, it confirms for the Personnel Specialist that it was intentional and correct that you did not include annualized dollar amounts.

IMPORTANT NOTE #2: 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. This process has not changed. Please reference EDD Form DE-4 for more information here: <https://edd.ca.gov/>

SAMPLES begin on the following page.

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SAMPLE #1:

Single income; no additional jobs, dependents, additional other income, or additional withholding:

IRS Form W-4

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Certificate ▶ 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.		OMB No. 1545-0074 2021
Step 1: Enter Personal Information	(a) First name and middle initial Single		Last name Taxpayer	(b) Social security number
	Address			▶ 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.
	City or town, state, and ZIP code			
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
<p>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.</p>				
Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App 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 check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld <input type="checkbox"/> TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.			
<p>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)</p>				
Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ 0 Multiply the number of other dependents by \$500 ▶ \$ 0 Add the amounts above and enter the total here 3 \$ 0			
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ 0 (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ 0 (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ 0			
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. ▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date			
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q	Form W-4 (2021)	

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SAMPLE #1: 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 01 <input type="checkbox"/> New Employee <small>SECTIONS C, E, F, G, H, I</small>		03 <input checked="" type="checkbox"/> Withholding Allowance Change <small>SECTIONS C, E, I</small>		04 <input type="checkbox"/> *Address Change } <small>SECTIONS C, F, I</small>		05 <input type="checkbox"/> Name Change <small>(Attach substantiation)</small> <small>SECTIONS C, D, I</small>		07 <input type="checkbox"/> Birthdate Correction <small>SECTIONS C, H, I</small>	
<small>NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.</small>				NAME CHANGE <small>FORMER NAME (Last, First, and Middle)</small>					
C 01 SOCIAL SECURITY NUMBER 000-00-0000		02 EMPLOYEE LAST NAME Taxpayer		03 FIRST NAME AND MIDDLE INITIAL Single		D			
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.				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.					
01 <input type="checkbox"/> NONRESIDENT ALIEN <small>(See reverse, employee copy)</small>		04 <input type="checkbox"/> HIGHER WITHHOLDING <small>(Must be Y or N. See reverse)</small>		05 <input type="text" value="0"/> CLAIM DEPENDENTS <small>AMOUNT MUST BE A WHOLE NUMBER</small>		11 <input type="text" value=""/> FEDERAL ADDITIONAL DEDUCTION		12 <input type="text" value=""/> STATE ADDITIONAL DEDUCTION	
02 <input checked="" type="checkbox"/> SINGLE 03 <input type="checkbox"/> MARRIED 04 <input type="checkbox"/> HEAD OF HOUSEHOLD		06 <input type="text" value="0"/> OTHER INCOME <small>NOT FROM JOBS</small>		07 <input type="text" value="0"/> DEDUCTIONS		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.)			
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 <input type="text" value=""/> (See reverse)				08 <input type="checkbox"/> SINGLE OR MARRIED <small>(WITH TWO OR MORE INCOMES)</small>		09 <input type="text" value=""/> REGULAR ALLOWANCE(S) <small>Total you are claiming</small>		13 <input type="text" value=""/>	
II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.				10 <input type="checkbox"/> MARRIED <small>(ONE INCOME)</small>		10 <input type="text" value=""/> ADDITIONAL ALLOWANCE(S) <small>Total you are claiming</small>		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).	
08 <input type="checkbox"/> HEAD OF HOUSEHOLD				14 <input type="checkbox"/>					
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 <small>MO YR</small>		04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)		05 LAST NAME (if different)	
								06 SEPARATED <small>MO YR</small>	
H NEW EMPLOYEE OR BIRTHDATE CORRECTION		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.				J PERSONNEL OFFICE USE			
BIRTHDATE MO DAY YR		EMPLOYEE'S SIGNATURE Single Taxpayer				DATE 01/01/2021			
						REVIEWER'S SIGNATURE			
						DATE			
						PHONE NUMBER			

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SAMPLE #2

Single income, one additional job using Step 2(b) with a first income of \$60,000 and a second of \$20,000; no dependents, other income, deductions, or additional withholding

IRS Form W-4

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ 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.</p>		2021
Step 1: Enter Personal Information	(a) First name and middle initial Single B	Last name Taxpayer	(b) Social security number	
	Address City or town, state, and ZIP code		▶ 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 .	
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)				
<p>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.</p>				
Step 2: Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App 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 check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld <input type="checkbox"/></p> <p>TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>			
<p>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)</p>				
Step 3: Claim Dependents	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____</p> <p>Multiply the number of other dependents by \$500 ▶ \$ _____</p> <p>Add the amounts above and enter the total here 3 \$ _____</p>			
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ _____	
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ <u>390.83</u>	
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.			
	Employee's signature (This form is not valid unless you sign it.)		Date	
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2021)</p>				

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IRS W4 Step 2(b) Worksheet

Form W-4 (2021)	Page 3
Step 2(b)—Multiple Jobs Worksheet <i>(Keep for your records.)</i>	
<p>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.</p> <p>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; or, you can use the online withholding estimator at www.irs.gov/W4App.</p>	
<p>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</p>	<p>1 \$ <u>4690</u></p>
<p>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.</p> <p>a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a</p>	<p>2a \$ <u> </u></p>
<p>b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b</p>	<p>2b \$ <u> </u></p>
<p>c Add the amounts from lines 2a and 2b and enter the result on line 2c</p>	<p>2c \$ <u> </u></p>
<p>3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.</p>	<p>3 <u>12</u></p>
<p>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)</p>	<p>4 \$ <u>390.83</u></p>
Step 4(b)—Deductions Worksheet <i>(Keep for your records.)</i>	
<p>1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income</p>	<p>1 \$ <u> </u></p>
<p>2 Enter: $\left\{ \begin{array}{l} \bullet \\$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \\$18,800 \text{ if you're head of household} \\ \bullet \\$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$</p>	<p>2 \$ <u> </u></p>
<p>3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"</p>	<p>3 \$ <u> </u></p>
<p>4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information</p>	<p>4 \$ <u> </u></p>
<p>5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4</p>	<p>5 \$ <u> </u></p>
<p>Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.</p>	
<p>You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.</p> <p>The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.</p> <p>If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.</p>	

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

IRS Form W-4 Multiple Jobs Table

Form W-4 (2021) Page 4

Married Filing Jointly or Qualifying Widow(er)												
Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,580	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately												
Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 49,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$50,000 - 59,999	1,870	3,470	4,690	5,550	6,690	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$60,000 - 79,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$80,000 - 99,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$100,000 - 124,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household												
Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,550

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #2 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 01 <input type="checkbox"/> New Employee <small>SECTIONS C, E, F, G, H, I</small>		03 <input checked="" type="checkbox"/> Withholding Allowance Change <small>SECTIONS C, E, I</small>		04 <input type="checkbox"/> *Address Change } <small>SECTIONS C, F, I</small>		05 <input type="checkbox"/> Name Change <small>(Attach substantiation)</small> <small>SECTIONS C, D, I</small>		07 <input type="checkbox"/> Birthdate Correction <small>SECTIONS C, H, I</small>	
<small>NOTE: Social Security Number and Last Name, First Name, and Middle Initial must be entered exactly as shown on Social Security card.</small>				<small>NAME CHANGE</small>					
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)				I. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only.					
01 <input type="checkbox"/> NONRESIDENT ALIEN <small>(See reverse, employee copy)</small>		04 <input type="checkbox"/> HIGHER WITHHOLDING <small>(Must be Y or N. See reverse)</small>		05 <input type="checkbox"/> CLAIM DEPENDENTS <small>AMOUNT MUST BE A WHOLE NUMBER</small>		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 <input checked="" type="checkbox"/> SINGLE		06 <input type="checkbox"/> OTHER INCOME <small>NOT FROM JOBS</small>		07 <input type="checkbox"/> DEDUCTIONS		I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.			
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 <input type="checkbox"/> (See reverse)		08 <input type="checkbox"/> REGULAR ALLOWANCE(S) <small>Total you are claiming</small>		09 <input type="checkbox"/> ADDITIONAL ALLOWANCE(S) <small>Total you are claiming</small>		11 <input type="text" value="390.83"/> FEDERAL ADDITIONAL DEDUCTION		12 <input type="text"/> STATE ADDITIONAL DEDUCTION	
II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only. 08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)				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.)					
08 <input type="checkbox"/> SINGLE OR MARRIED <small>(WITH TWO OR MORE INCOMES)</small>		09 <input type="checkbox"/> REGULAR ALLOWANCE(S) <small>Total you are claiming</small>		10 <input type="checkbox"/> ADDITIONAL ALLOWANCE(S) <small>Total you are claiming</small>		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.			
08 <input type="checkbox"/> MARRIED <small>(ONE INCOME)</small>		09 <input type="checkbox"/> REGULAR ALLOWANCE(S) <small>Total you are claiming</small>		10 <input type="checkbox"/> ADDITIONAL ALLOWANCE(S) <small>Total you are claiming</small>		NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.			
08 <input type="checkbox"/> HEAD OF HOUSEHOLD		09 <input type="checkbox"/> REGULAR ALLOWANCE(S) <small>Total you are claiming</small>		10 <input type="checkbox"/> ADDITIONAL ALLOWANCE(S) <small>Total you are claiming</small>		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)			
ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.				F 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)					
02 CITY		03 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.)			
04 WORK PHONE				04 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 <small>MO YR</small>		04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)		05 LAST NAME (if different)		06 SEPARATED <small>MO YR</small>	
H BIRTHDATE MO DAY YR		I <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.</i>				J PERSONNEL OFFICE USE REVIEWER'S SIGNATURE			
EMPLOYEE'S SIGNATURE Single Taxpayer		DATE 01/01/2021		DATE				PHONE NUMBER	

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #3

Single income; one additional job using Step 2(c), no dependents, other income, deductions or additional withholding:

IRS Form W-4

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ 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.</p>		2021
Step 1: Enter Personal Information	(a) First name and middle initial Single C	Last name Taxpayer	(b) Social security number	
	Address		▶ 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.	
	City or town, state, and ZIP code			
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
<p>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.</p>				
<p>Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Multiple Jobs or Spouse Works Do only one of the following. (a) Use the estimator at www.irs.gov/W4App 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 check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ <input checked="" type="checkbox"/> TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>				
<p>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)</p>				
<p>Step 3: If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim Dependents Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____</p>				
<p>Step 4 (optional): Other Adjustments (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____</p>				
<p>Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Sign Here ▶ _____ ▶ Date Employee's signature (This form is not valid unless you sign it.)</p>				
<p>Employers Only Employer's name and address First date of employment Employer identification number (EIN)</p>				
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2021)</p>				

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE # 3 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"/> 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
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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 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)

<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 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>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 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. NON TAXABLE 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
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 BIRTHDATE	I <small>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.</small>	J PERSONNEL OFFICE USE
MO DAY YR	EMPLOYEE'S SIGNATURE <i>Single Taxpayer</i>	REVIEWER'S SIGNATURE
	DATE 01/01/2021	DATE PHONE NUMBER

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #4

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

IRS Form W-4

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ 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.</p>		2021
Step 1: Enter Personal Information	(a) First name and middle initial <u>Married</u>	Last name <u>Taxpayer</u>	(b) Social security number	
	Address		▶ 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.	
	City or town, state, and ZIP code			
(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)				
<p>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.</p>				
Step 2: Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App 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 check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ <input type="checkbox"/></p> <p>TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>			
<p>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)</p>				
Step 3: Claim Dependents	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ <u>2000</u></p> <p>Multiply the number of other dependents by \$500 ▶ \$ _____</p> <p>Add the amounts above and enter the total here 3 \$ _____</p>			
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ _____	
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ _____	
Step 5: Sign Here	<p>Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</p> <p>▶ <u>Employee's signature</u> (This form is not valid unless you sign it.) ▶ <u>Date</u></p>			
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2021)</p>				

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #4 Corresponding STD 686 EAR

<input type="button" value="Print Form"/> <input type="button" value="Reset Form"/>		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	
STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE EMPLOYEE ACTION REQUEST STD. 686 (REV. 12/2020) (FRONT)					
CHECK ONE OR MORE BOX(ES) AND COMPLETE LISTED SECTIONS.					
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 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)					
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)		04 <input type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse)		11 <input type="checkbox"/> FEDERAL ADDITIONAL DEDUCTION	
02 <input type="checkbox"/> MARRIED (Check one)		05 <input type="checkbox"/> 2000 CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER		12 <input type="checkbox"/> STATE ADDITIONAL DEDUCTION	
03 <input type="checkbox"/> SINGLE		06 <input type="checkbox"/> 0 OTHER INCOME NOT FROM JOBS		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.)	
04 <input checked="" type="checkbox"/> MARRIED		07 <input type="checkbox"/> 0 DEDUCTIONS		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.	
05 <input type="checkbox"/> HEAD OF HOUSEHOLD		08 <input type="checkbox"/> EXEMPT FROM FEDERAL WITHHOLDING - Write/type EXEMPT in box 03 if you are eligible to claim exemption from Federal withholding. (See reverse)		NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.	
II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.		09 <input type="checkbox"/> REGULAR ALLOWANCE(S) Total you are claiming		13 <input type="checkbox"/> EXEMPT	
06 <input type="checkbox"/> MARRIED (ONE INCOME)		10 <input type="checkbox"/> 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	
07 <input type="checkbox"/> HEAD OF HOUSEHOLD				14 <input type="checkbox"/>	
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	
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.		J PERSONNEL OFFICE USE REVIEWER'S SIGNATURE	
MO DAY YR		EMPLOYEE'S SIGNATURE DATE		DATE PHONE NUMBER	
		Married Taxpayer 01/01/2021			

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #5

Married filing jointly using Step 2 (b) method; two incomes of \$80,000 and \$60,000, one dependent, other income, deductions or additional withholding:

IRS Form W-4

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ 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.</p>		2021
Step 1: Enter Personal Information	(a) First name and middle initial Married B	Last name Taxpayer	(b) Social security number	
	Address		▶ 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.	
	City or town, state, and ZIP code			
(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)				
<p>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.</p>				
Step 2: Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App 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 check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ <input type="checkbox"/></p> <p>TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>			
<p>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)</p>				
Step 3: Claim Dependents	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ 2000</p> <p>Multiply the number of other dependents by \$500 ▶ \$</p> <p>Add the amounts above and enter the total here 3 \$ 2000</p>			
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ 0	
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 4 and enter the result here		4(b) \$ 0	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ 783.33	
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.			
	Employee's signature (This form is not valid unless you sign it.)		Date	
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2021)</p>				

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

IRS Form W-4 Step 2(b) – Multiple Jobs Worksheet

Form W-4 (2021)	Page 3
Step 2(b) – Multiple Jobs Worksheet <i>(Keep for your records.)</i>	
<p>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.</p> <p>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; or, you can use the online withholding estimator at www.irs.gov/W4App.</p>	
<p>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</p> <p>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.</p> <p style="margin-left: 20px;">a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a</p> <p style="margin-left: 20px;">b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b</p> <p style="margin-left: 20px;">c Add the amounts from lines 2a and 2b and enter the result on line 2c</p> <p>3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.</p> <p>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)</p>	<p>1 \$ <u>9340</u></p> <p>2a \$ <u> </u></p> <p>2b \$ <u> </u></p> <p>2c \$ <u> </u></p> <p>3 <u>12</u></p> <p>4 \$ <u>778.33</u></p>
Step 4(b) – Deductions Worksheet <i>(Keep for your records.)</i>	
<p>1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income</p> <p>2 Enter: { <ul style="list-style-type: none"> • \$25,100 if you're married filing jointly or qualifying widow(er) • \$18,800 if you're head of household • \$12,550 if you're single or married filing separately }</p> <p>3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"</p> <p>4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information</p> <p>5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4</p>	<p>1 \$ <u> </u></p> <p>2 \$ <u> </u></p> <p>3 \$ <u> </u></p> <p>4 \$ <u> </u></p> <p>5 \$ <u> </u></p>
<p>Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.</p>	<p>You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.</p> <p>The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.</p> <p>If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.</p>

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

IRS Form W-4 Multiple Jobs Table

Form W-4 (2021) Page 4

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 120,000	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,810	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,400	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #5 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 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.		NAME CHANGE FORMER NAME (Last, First, and Middle)	
C 01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Taxpayer	03 FIRST NAME AND MIDDLE INITIAL Married B	D
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.		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.	
01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy)	04 <input type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse)	I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.	
02 MARITAL STATUS FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD	05 <input type="checkbox"/> CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER 2000	11 <input type="checkbox"/> FEDERAL ADDITIONAL DEDUCTION 783.33	12 <input type="checkbox"/> 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	06 <input type="checkbox"/> OTHER INCOME NOT FROM JOBS 0	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.	
07 <input type="checkbox"/> DEDUCTIONS 0	09 <input type="checkbox"/> REGULAR 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)	
II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.	10 <input type="checkbox"/> ADDITIONAL ALLOWANCE(S) Total you are claiming	13 <input type="checkbox"/>	
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			
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 Married Taxpayer	DATE 01/01/2021
		PERSONNEL OFFICE USE	
		J REVIEWER'S SIGNATURE	
		DATE PHONE NUMBER	

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #6

Married filing jointly using Step 2 (c) method; two incomes, no dependents, other income, deductions or additional withholding:

IRS Form W-4

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ 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.</p>		2021
Step 1: Enter Personal Information	(a) First name and middle initial Married C	Last name Taxpayer	(b) Social security number	
	Address		▶ 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.	
	City or town, state, and ZIP code			
(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying widower <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)				
<p>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.</p>				
<p>Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.</p> <p>Multiple Jobs or Spouse Works</p> <p>(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or</p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. <input checked="" type="checkbox"/></p> <p>TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>				
<p>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)</p>				
<p>Step 3: If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Claim Dependents</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____</p> <p>Multiply the number of other dependents by \$500 ▶ \$ _____</p> <p>Add the amounts above and enter the total here 3 \$ _____</p>				
<p>Step 4 (optional):</p> <p>Other Adjustments</p> <p>(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____</p> <p>(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____</p> <p>(c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____</p>				
<p>Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</p> <p>Sign Here</p> <p>▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date</p>				
<p>Employers Only</p> <p>Employer's name and address</p> <p>First date of employment</p> <p>Employer identification number (EIN)</p>				
For Privacy Act and Paperwork Reduction Act Notice, see page 3.		Cat. No. 10220Q		Form W-4 (2021)

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #6 Corresponding STD 686 EAR

<input type="button" value="Print Form"/> <input type="button" value="Reset Form"/>		PERSONNEL OFFICE USE A 01 AGENCY 02 UNIT 03 KEYED BY 04 DATE KEYED	
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 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 Married C	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)			
I. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only.		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.	
01 <input type="checkbox"/> NONRESIDENT ALIEN <small>(See reverse, employee copy)</small>	04 <input checked="" type="checkbox"/> HIGHER WITHHOLDING <small>(Must be Y or N. See reverse)</small>	I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.	
02 MARITAL STATUS FOR TAX PURPOSES ONLY	05 <input type="text" value="0"/> CLAIM DEPENDENTS <small>AMOUNT MUST BE A WHOLE NUMBER</small>	11 <input type="text"/> FEDERAL ADDITIONAL DEDUCTION	12 <input type="text"/> STATE ADDITIONAL DEDUCTION
<input type="checkbox"/> SINGLE	06 <input type="text" value="0"/> OTHER INCOME <small>NOT FROM JOBS</small>	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.)	
<input checked="" type="checkbox"/> MARRIED	07 <input type="text" value="0"/> DEDUCTIONS	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.	
<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 <input type="text"/> (See reverse)	NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.	
II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.		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)	
08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)	09 <input type="text"/> REGULAR ALLOWANCE(S) <small>Total you are claiming</small>	13 <input type="text"/>	
<input type="checkbox"/> SINGLE OR MARRIED <small>(WITH TWO OR MORE INCOMES)</small>	10 <input type="text"/> ADDITIONAL ALLOWANCE(S) <small>Total you are claiming</small>	14 <input type="checkbox"/>	
<input type="checkbox"/> MARRIED <small>(ONE INCOME)</small>			
<input type="checkbox"/> HEAD OF HOUSEHOLD			
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	04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)
		MO YR	05 LAST NAME (if different)
			06 SEPARATED
			MO YR
NEW EMPLOYEE OR BIRTHDATE CORRECTION			
H BIRTHDATE	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.		PERSONNEL OFFICE USE REVIEWER'S SIGNATURE
MO DAY YR	EMPLOYEE'S SIGNATURE Married Taxpayer		DATE
			01/01/2021
			DATE
			PHONE NUMBER

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #7

Married filing jointly using Step 2 (c) method; two incomes, no dependents or deductions, with other income and deductions:

IRS Form W-4

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ 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.</p>		2021
Step 1: Enter Personal Information	(a) First name and middle initial Married D	Last name Taxpayer	(b) Social security number	
	Address		▶ 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.	
	City or town, state, and ZIP code			
	(c) <input type="checkbox"/> Single or Married filing separately <input checked="" type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
<p>Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.</p>				
Step 2: Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App 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 check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld <input checked="" type="checkbox"/></p> <p>TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.</p>			
<p>Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)</p>				
Step 3: Claim Dependents	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____</p> <p>Multiply the number of other dependents by \$500 ▶ \$ _____</p> <p>Add the amounts above and enter the total here 3 \$ _____</p>			
Step 4 (optional): Other Adjustments	<p>(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ 3000</p> <p>(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ 500</p> <p>(c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ 50</p>			
Step 5: Sign Here	<p>Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.</p> <p>▶ _____ ▶ _____ Employee's signature (This form is not valid unless you sign it.) Date</p>			
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2021)</p>				

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #7 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	<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
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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	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>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 <small>(See reverse, employee copy)</small></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 <input type="text"/></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 <small>(WITH TWO OR MORE INCOMES)</small></p> <p><input type="checkbox"/> MARRIED <small>(ONE INCOME)</small></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 <input type="text"/> HIGHER WITHHOLDING <small>(Must be Y or N. See reverse)</small></p> <p>05 <input type="text"/> CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER</p> <p>06 <input type="text"/> OTHER INCOME NOT FROM JOBS</p> <p>07 <input type="text"/> 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 <input type="text"/> FEDERAL ADDITIONAL DEDUCTION 12 <input type="text"/> 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. 13 <input type="text"/></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="text"/></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:	05 LAST NAME (if different)	06 SEPARATED
		MO YR	(City, County, Public School, Utility, etc.)		MO YR

NEW EMPLOYEE OR BIRTHDATE CORRECTION **EMPLOYEE SIGNATURE**

H BIRTHDATE	<p>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.</p> <p>EMPLOYEE'S SIGNATURE: <i>Married Taxpayer</i> DATE: 01/01/2021</p>	J REVIEWER'S SIGNATURE
MO DAY YR		DATE PHONE NUMBER

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #8

Head of Household; one income, two dependents, no other income, deductions or additional withholding:

IRS Form W-4

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Certificate ▶ 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.		OMB No. 1545-0074 2021
Step 1: Enter Personal Information	(a) First name and middle initial Head O		Last name Household	(b) Social security number
	Address			▶ 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 .
	City or town, state, and ZIP code			
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input checked="" type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
<p>Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.</p>				
Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App 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 check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld <input type="checkbox"/> TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.			
<p>Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)</p>				
Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ 4000 Multiply the number of other dependents by \$500 ▶ \$			
		Add the amounts above and enter the total here	3	\$ 4000
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a)	\$
		(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
		(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.			
		_____ Employee's signature (This form is not valid unless you sign it.)		_____ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2021)				

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #8 Corresponding STD 686 EAR

<input type="button" value="Print Form"/> <input type="button" value="Reset Form"/>		PERSONNEL OFFICE USE A 01 AGENCY 02 UNIT 03 KEYED BY 04 DATE KEYS	
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 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.		NAME CHANGE FORMER NAME (Last, First, and Middle)	
C 01 SOCIAL SECURITY NUMBER 000-00-0000	02 EMPLOYEE LAST NAME Household	03 FIRST NAME AND MIDDLE INITIAL Head O	D
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.		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.	
01 <input type="checkbox"/> NONRESIDENT ALIEN (See reverse, employee copy)	04 <input type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse)	I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.	
02 <input type="checkbox"/> SINGLE	05 <input type="text" value="4000"/> CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER	11 <input type="text"/> FEDERAL ADDITIONAL DEDUCTION	12 <input type="text"/> STATE ADDITIONAL DEDUCTION
03 <input checked="" type="checkbox"/> MARRIED	06 <input type="text" value="0"/> OTHER INCOME NOT FROM JOBS		
04 <input checked="" type="checkbox"/> HEAD OF HOUSEHOLD	07 <input type="text" value="0"/> DEDUCTIONS		
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		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	
II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.		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)	
08 <input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)	09 <input type="text"/> REGULAR ALLOWANCE(S) Total you are claiming	14 <input type="checkbox"/>	
09 <input type="checkbox"/> MARRIED (ONE INCOME)	10 <input type="text"/> ADDITIONAL ALLOWANCE(S) Total you are claiming		
10 <input type="checkbox"/> HEAD OF HOUSEHOLD			
ADDRESS CHANGE OR NEW EMPLOYEE *See reverse.			
F 01 EMPLOYEE ADDRESS (Street, Rural Route, or P.O. Box)		02 CITY	03 ZIP CODE
04 EMPLOYMENT LIST		WORK PHONE	HOME PHONE
Check this box and enter your phone number(s) if your address is changing and your name appears on any departmental employment list. (See reverse.)			
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)
		MO YR	05 LAST NAME (if different)
			06 SEPARATED
			MO YR
NEW EMPLOYEE OR BIRTHDATE CORRECTION		PERSONNEL OFFICE USE	
H BIRTHDATE MO DAY YR		J REVIEWER'S SIGNATURE DATE PHONE NUMBER	
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 Head O Household		DATE 01/01/2021	

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #9

Exempt from withholding, **Federal Only**

IRS Form W-4 General Instructions

Form W-4 (2021) Page **2**

General Instructions

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, *Supplemental Form W-4 Instructions for Nonresident Aliens*, before completing this form.


Specific Instructions

Step 1(c). 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 additional tax you need to have withheld, while option (b) does so with a little less accuracy.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

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 tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, *Child Tax Credit and Credit for Other Dependents*. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, *Estimated Tax for Individuals*.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #9 Corresponding STD 686 EAR

<input type="button" value="Print Form"/> <input type="button" value="Reset Form"/>		PERSONNEL OFFICE USE <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">A 01 AGENCY</td> <td style="width:25%;">02 UNIT</td> <td style="width:25%;">03 KEYED BY</td> <td style="width:25%;">04 DATE KEYED</td> </tr> </table>		A 01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
A 01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED				
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 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 Exempt					
NAME CHANGE 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)							
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)	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. 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					
02 <input type="checkbox"/> MARITAL STATUS FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD	05 <input type="text"/> CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER						
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 <input type="text"/> EXEMPT (See reverse)	06 <input type="text"/> OTHER INCOME NOT FROM JOBS						
07 <input type="text"/> DEDUCTIONS	08 <input type="text"/> REGULAR ALLOWANCE(S) Total you are claiming						
II. STATE ALLOWANCES – If no tax should be withheld, complete Part IV or V only.							
08 <input type="checkbox"/> MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)							
<input type="checkbox"/> SINGLE OR MARRIED (WITH TWO OR MORE INCOMES)	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"/>					
<input type="checkbox"/> MARRIED (ONE INCOME)	10 <input type="text"/> ADDITIONAL ALLOWANCE(S) Total you are claiming						
<input type="checkbox"/> HEAD OF HOUSEHOLD							
V. NONTAXABLE WAGES – Check box 14 if wages you will receive are not subject to income tax withholding.							
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: <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 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 Exempt Taxpayer 01/01/2021		PERSONNEL OFFICE USE J REVIEWER'S SIGNATURE DATE PHONE NUMBER					

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #10

Exempt from withholding, **Federal and State**

IRS Form W-4 General Instructions

Form W-4 (2021) Page 2

General Instructions

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SF is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.


Specific Instructions

Step 1(c). 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 additional tax you need to have withheld, while option (b) does so with a little less accuracy.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

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 tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, *Child Tax Credit and Credit for Other Dependents*. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, *Estimated Tax for Individuals*.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Quick Start Guide to Completing the STD 686 Employee Action Request (EAR)

SAMPLE #10 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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">A 01 AGENCY</td> <td style="width: 25%;">02 UNIT</td> <td style="width: 25%;">03 KEYED BY</td> <td style="width: 25%;">04 DATE KEYED</td> </tr> </table>		A 01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED
A 01 AGENCY	02 UNIT	03 KEYED BY	04 DATE KEYED								
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.				NAME CHANGE							
C 01 SOCIAL SECURITY NUMBER 000-00-0000		02 EMPLOYEE LAST NAME Taxpayer		03 FIRST NAME AND MIDDLE INITIAL Exempt		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)				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.							
E I. FEDERAL WITHHOLDING - If no tax should be withheld, complete box 03, Part IV or V only.		04 <input type="checkbox"/> HIGHER WITHHOLDING (Must be Y or N. See reverse)		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.)			
02 MARITAL STATUS FOR TAX PURPOSES ONLY <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD		05 <input type="checkbox"/> CLAIM DEPENDENTS AMOUNT MUST BE A WHOLE NUMBER		I hereby authorize the State Controller to deduct monthly from my wages the additional Federal and/or State tax amount specified below.		13 <input type="checkbox"/> EXEMPT		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)			
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)		06 <input type="checkbox"/> OTHER INCOME NOT FROM JOBS		09 <input type="checkbox"/> REGULAR ALLOWANCE(S) Total you are claiming		10 <input type="checkbox"/> ADDITIONAL ALLOWANCE(S) Total you are claiming		NOTE: This exemption will automatically expire on February 15 of next year unless you file a new certification by January 31 of next year.			
II. STATE ALLOWANCES - If no tax should be withheld, complete Part IV or V only.		08 MARITAL STATUS FOR TAX PURPOSES ONLY (Check one)		14 <input type="checkbox"/>		10 <input type="checkbox"/>		13 <input type="checkbox"/>			
<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="checkbox"/>		10 <input type="checkbox"/>			
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.)			
04 EMPLOYMENT LIST		WORK PHONE		HOME PHONE		05 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:		06 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF: (City, County, Public School, Utility, etc.)			
NEW EMPLOYEE - THIS INFORMATION MAY BE USED TO LOCATE PRIOR PUBLIC EMPLOYMENT SERVICE FOR STATE SERVICE CREDITS AND/OR RETIREMENT SYSTEM BENEFITS				03 SEPARATED		04 LAST EMPLOYED BY CALIFORNIA PUBLIC AGENCY OF:		05 LAST NAME (if different)			
01 LAST EMPLOYED BY CALIFORNIA STATE AGENCY OR CAMPUS OF:		02 LAST NAME (if different)		MO YR		MO YR		MO YR			
H BIRTHDATE CORRECTION		I EMPLOYEE SIGNATURE		J PERSONNEL OFFICE USE		REVIEWER'S SIGNATURE		DATE			
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 year Social Security and Medicare taxes. I certify that I shall not claim a tax refund or credit for these overcollections.		EMPLOYEE'S SIGNATURE Exempt Taxpayer		DATE 01/01/2021		REVIEWER'S SIGNATURE			
MO DAY YR		EMPLOYEE'S SIGNATURE		DATE		DATE		PHONE NUMBER			