

Office of Human Resources

## Name Change Packet

~~This form must be completed when a benefit-eligible staff or faculty member changes address, marital status, and/or benefit plan enrollment. These forms must be processed and returned to the Human Resources office within 30 days of the qualifying event and/or status change.~~

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

~~coverage — that occurs outside the Open Enrollment Period.~~

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

required

*the request for name change.*

Forms to be returned for a name change:

Office of Human Resources Data Change Form

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

Residency Certification

Retirement Vendor Information Change Form

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

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



# Data Change Form

Please print all information in Ink.

Name: \_\_\_\_\_

R# \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Check the appropriate box(es) to indicate a change to your personal information as indicated below:

Name: \_\_\_\_\_ (Please provide supporting documentation i.e. marriage certificate, divorce decree, etc.)

Physical Address: \_\_\_\_\_  If different, provide Mailing: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Cell

Marital Status: Please provide supporting documentation i.e. marriage certificate, divorce decree, etc.

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

NAME		Birth	
	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Change emergency contact person: (if applicable)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Highmark \_\_\_\_\_  
HCCI \_\_\_\_\_  
COBRA \_\_\_\_\_

Received in HR \_\_\_\_\_  
Date Completed \_\_\_\_\_

Employee's Withholding Certificate

OMB No. 1545-0074

Form 2022

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

Internal Revenue Service

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ 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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		

Check or checked filing separately

Single or married filing separately

Married filing jointly or Qualifying widow(er)

Complete Steps 2-4 ONLY if they apply to you. 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/irpp](http://www.irs.gov/irpp), and privacy.

Multiple Jobs or Spouse

Do only one of the following.

(a) Use the estimator at [www.irs.gov/irpp](http://www.irs.gov/irpp) and W-4 App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may choose to use Form W-4 for the other job. This will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Dependents

Enter the number of other dependents by \$500

\$

Add the amounts above and enter the total here

(optional): Other income (not from label). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here.

4(a) \$

Adjustments. If you expect to claim deductions other than the standard deduction and

Sign Here

Employee's signature (This form is not valid unless you sign it.)

Date

Only

employment

number (only)

# General Instructions

Section references are to the Internal Revenue Code.

## Future Developments

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

## Purpose of Form

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

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

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

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

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

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

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

to your credits for dependents and enter the total amount in

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

in Step 2(a), which will increase your withholding and significantly reduce your paycheck (often by thousands of

rather than paying tax on other income withheld from your

1. Expect to work only part of the year;

2. Have divided or split sole income on one subject to additional taxes, such as Additional Medicare Tax;

3. Have a dependent on line 8, if you expect to claim

4. Prefer the most accurate withholding for multiple job

# 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 amount of tax you need to have withheld, while option (b) does so with a

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is available only if you are not married, filing jointly, more than 65 years old, and you are not a head of household. More than 65 years old may be withheld, and this option cannot

two jobs.

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

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

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

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

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

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

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

Step 4(b). Enter in this step the total of your other payments for that income. If you prefer to pay estimated tax

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

Particular Worksheet, line E, if you are a resident of a state

2022 tax return and want to reduce your withholding to

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



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

Form W-4. If more than one job has annual wages of more than \$120,000 or there are more than two jobs, you must use the online withholding estimator at www.irs.gov/ITAApp

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

that value on line 1. Then, skip to line 3 . . . . . 1 \$

2 Three Jobs If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

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

Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Highest Paying Job" table and use the annual wages for your third job in the "Other" table and enter that value on line 2b . . . . . 2b \$

3 Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$

Step 4(b) - Deductions Worksheet (Keep for your records.)



1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions include mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$

2 Enter: • \$25,000 if you're married filing jointly or a qualifying widow(er) • \$19,400 if you're head of household • \$12,050 if you're single or married filing separately . . . . . 2 \$

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

4 Enter an estimate of your student loan interest deduction, IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . 4 \$

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4 . . . . . 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information you are not required to provide the information requested on a form that is

Revenue Code sections 3402(b)(1) and 3402 and more regulations require you to control number, books or records relating to a form or instrument must be maintained. Failure to provide a number, name, address, or other identifying information may result in you being treated as a nonresident alien or as a foreign corporation.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable	Lower Paying Job Annual Taxable Wage & Salary												
	\$0 -	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000
\$0 - \$9,999													
\$10,000 - \$19,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$20,000 - \$29,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$30,000 - \$39,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$40,000 - \$49,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$50,000 - \$59,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$60,000 - \$69,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$70,000 - \$79,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$80,000 - \$89,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$90,000 - \$99,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$100,000 - \$149,999	1,070	4,070	6,070	7,270	8,970	9,970	10,970	11,770	12,970	14,170	15,370	16,570	17,770
\$150,000 - \$239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,740	18,940
\$240,000 - \$259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,740	18,940
\$260,000 - \$279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,740	18,940
\$280,000 - \$299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,740	18,940
\$300,000 - \$319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	23,300	25,300
\$320,000 - \$349,999	2,100	5,300	8,240	10,440	12,000	14,000	16,000	18,000	20,000	22,000	24,000	26,000	28,000
\$350,000 - \$399,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	30,770	33,070

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable	Lower Paying Job Annual Taxable Wage & Salary												
	\$0 -	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000
\$0 - \$9,999													
\$10,000 - \$19,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$20,000 - \$29,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$30,000 - \$39,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$40,000 - \$49,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$50,000 - \$59,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$60,000 - \$69,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$70,000 - \$79,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$80,000 - \$89,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$90,000 - \$99,999	0	0	0	0	0	0	0	0	0	0	0	0	0
\$100,000 - \$149,999	1,070	4,070	6,070	7,270	8,970	9,970	10,970	11,770	12,970	14,170	15,370	16,570	17,770
\$150,000 - \$239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,740	18,940
\$240,000 - \$259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,740	18,940
\$260,000 - \$279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,740	18,940
\$280,000 - \$299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,740	18,940
\$300,000 - \$319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	23,300	25,300
\$320,000 - \$349,999	2,100	5,300	8,240	10,440	12,000	14,000	16,000	18,000	20,000	22,000	24,000	26,000	28,000
\$350,000 - \$399,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	30,770	33,070

**Head of Household**

Higher Paying Job Annual Taxable	Lower Paying Job Annual Taxable Wage & Salary												
	\$0 -	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	\$11,000	\$12,000



# RESIDENCY CERTIFICATION FORM

## Local Earned Income Tax Withholding

### TO EMPLOYERS/TAXPAYERS:

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

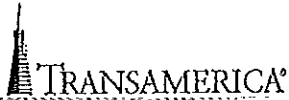
NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER	
STREET ADDRESS (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	MUNICIPALITY (City, Borough or Township)	
CITY		RESIDENT ID CODE	EMPLOYER ID CODE	TOTAL RESIDENT EIT RATE

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER ID CODE	
University of Scranton			2 4 0 7 9 8 4 9 5	
STREET ADDRESS WHERE ADVICE EMPLOYER REPORTS TO WORK				
800 Linden St				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	MUNICIPALITY (City, Borough or Township)	
Scranton	PA	18503	Scranton	
CITY		MUNICIPALITY (City, Borough or Township)	WORK LOCATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE
Scranton		Scranton	Lackawanna	

### CERTIFICATION

SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	LOCAL ADDRESS

please refer to the Pennsylvania Department of Community & Economic Development website:  
[www.newPA.com/Act32](http://www.newPA.com/Act32)



Complete only the applicable section(s) that have changed. Your records will be updated upon receipt of this form.

Section A. Employer Information

Company/Employer Name

[Empty text box for Company/Employer Name]

Section B. Personal Information

SSN

[Empty text box for SSN]

Date of Birth

[Empty text box for Date of Birth]

First Name/Middle Initial

[Empty text box for First Name/Middle Initial]

Last Name

[Empty text box for Last Name]

Mailing Address

[Empty text box for Mailing Address]

City

[Empty text box for City]

State

[Empty text box for State]

Zip Code

[Empty text box for Zip Code]

Phone No.

[Empty text box for Phone No.]

Ext.

[Empty text box for Ext.]

E-mail Address

[Empty text box for E-mail Address]

Section C. Personal Information (new)

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

Social Security No.

[Empty text box for Social Security No.]

Date of Birth

[Empty text box for Date of Birth]

(mm/dd/yyyy)

First Name/Middle Initial

[Empty text box for First Name/Middle Initial]

Last Name

[Empty text box for Last Name]

Mailing Address

[Empty text box for Mailing Address]

Please proceed to Section D. on Page 2.



**Section D: Signature**

I certify that the information provided on/with this form is correct and complete.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

If you have questions regarding the completion of this form, please call us at 800-755-5801.

Return your completed form(s) to:

Transamerica  
4111 Edgewood Road NE  
Suite 2000  
Cedar Rapids, IA 52499

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

THE UNIVERSITY OF  
**SCRANTON**  
A LEHIGH UNIVERSITY

HUMAN RESOURCES

TO: TIAA-CREF  
FROM: UNIVERSITY OF SCRANTON  
OFFICE OF HUMAN RESOURCES  
RE: REQUEST FOR ADDRESS CHANGE  
FAX: (800) 914-8922

Please update address for any and all accounts held by the participant listed below.

Participant Name:

Effective Date of Change:

Social Security Number:

Previous Address

New Address

---

---

---

---

---

---

---

---

Signature of Accountholder

Date

Signature of HR Representative

Date