



PAYROLL/PERSONNEL  
**OUT-OF-STATE INCOME TAX  
 WITHHOLDING**  
 UPAY 830 (R4/00)

Complete this form only if you are subject to state income tax withholding for a state other than California, or wish to cancel state income tax withholding deductions for a state other than California. (Refer to the income tax withholding regulations of the state in which you are earning compensation.)

**PERSONAL INFORMATION**

NAME (last, first, middle)	Campus	Employee No.
HOME ADDRESS (Number, Street)	Campus Department	Social Security No.
(City, State, Zip)	Campus Phone: (with Area Code)	
E-Mail Address:		

**IF YOU ARE A NONRESIDENT OF CALIFORNIA, COMPLETE THIS SECTION**

I am a nonresident of the state of California, have claimed exemption from California income tax withholding on my UC W-4/DE 4 form and am earning compensation while working in the state listed below:

City:	County:	State:
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I began earning compensation in the state listed above on \_\_\_\_\_  
 And expect to continue to earn compensation in this state until approximately \_\_\_\_\_.

I understand that I must submit a new UPAY 830 Form when my assignment in the state listed above ends.

**IF YOU ARE A RESIDENT OF CALIFORNIA, COMPLETE THIS SECTION:**

I am a resident of the State of California but am temporarily working in the state listed below:

City:	County:	State:
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I began earning compensation in the state listed above on \_\_\_\_\_ and expect to continue to earn compensation in this state until approximately \_\_\_\_\_. I understand that I may be subject to income tax withholding for both this state and the State of California. I further understand that I must submit a new UPAY 830 Form when my assignment in the state listed above ends.

**TO CANCEL OUT-OF-STATE WITHHOLDING, COMPLETE THIS SECTION:**

Please cancel state income tax withholding deductions for the State of \_\_\_\_\_.  
 Effective \_\_\_\_\_ I am earning compensation while working in \_\_\_\_\_.

<b>EMPLOYEE'S CERTIFICATION:</b>	I certify that the above information is true, correct, and complete, to the best of my knowledge.	
	Employee's Signature:	Date:

**PRIVACY NOTIFICATIONS**

**RETN: 3 YEARS AFTER EMPLOYEE TERMINATES**

STATE The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information:

The principal purpose for requesting the information on this form is for payment of earnings, and for miscellaneous payroll and personnel matters such as, but not limited to, withholding of taxes, benefits administration, and changes in title and pay status. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory-failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the State and Federal governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on these policies can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form are campus and Office of the President Staff and Academic Personnel Managers or campus Accounting Officers.

FEDERAL Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. Disclosure of the social security number is required pursuant to Sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and pursuant to Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act, as amended. The social security number is used to verify your identity. The principal uses of the number shall be to report (1) Federal and State income taxes withheld, (2) social security contributions, (3) State unemployment and workers' compensation earnings, and (4) earnings and contributions to participating retirement systems.

TR (1-2)	EMPLOYEE NO. (4-12)	ENTRY DATE MO / DY / YR (13-18)	ELEMENT NO. (19-23)	RESIDENCY STATUS (24)	ELEMENT NO. (31-35)	STATE (36-37)		
<b>X1</b>								
TR (1-2)	EMPLOYEE NO. (4-12)	ENTRY DATE MO / DY / YR (13-18)	ELEMENT NO. (19-22)	BAL CD (23)	AMOUNT (24-30)	ELEMENT NO. (31-34)	BAL CD (35)	AMOUNT (36-42)
<b>X1</b>			<b>6</b> _ _ _	<b>G</b>		<b>6</b> _ _ _	<b>G</b>	