Chaffey Community College District
Student Employment Office

Responsibilities of a Chaffey College Student Employee

1. I understand that I must read, complete, and sign **all** required employment documents **prior to my first day of work**. I understand that failure to complete these documents and allow them to be processed by the Student Employment Office will affect my ability to work and/or my ability to receive a payroll warrant. The documents to be completed include, but may not be limited to:
   - **Responsibilities of a Chaffey College Student Employee** (this page) 1
   - **Oath of Allegiance**.....2
   - **Employee Information** 3
   - **Student Payroll Information Sheet with Timesheet Example**.....4
   - **Warrant Beneficiary Designation**.....5
   - **Payroll Advice Disposition**.....6
   - **Waiver for Warrant Mailing**.....7
   - **Supplemental Employment Application**.....8
   - **Employee's Withholding Allowance Certificate**.....9-12
   - **Form I-9, Employment Eligibility Verification** (instructions following SE Info. packet) ...13-16
   - **Form W-4, Employee's Withholding Certificate** 17-20
   - **Acknowledgment of Documentation** (see Student Employment Information Packet)
2. I agree to arrange a mutually agreed upon work schedule with my immediate supervisor and to consistently adhere to that schedule. I understand that all changes to my work schedule must be approved by my immediate supervisor in advance of the date of change.
3. I agree to report to work on time and with regularity. I understand that if I am unable to report to work or if I will be reporting late due to an illness or other unavoidable reason, I must contact my immediate supervisor *personally* prior to my report time or as early in the work day as possible.
4. I understand that my position as a student employee requires that I conduct myself in a professional manner. Furthermore, I agree to maintain confidentiality regarding any sensitive information to which I may be privileged by virtue of my student employee position and understand that a breach of confidentiality or any act of dishonesty is just cause for immediate dismissal.
5. I agree, when circumstances allow, to give my immediate supervisor a minimum two-week notice of my intention to resign.
6. I understand that whenever possible the proper procedure for discussing work site concerns and grievances dictates that I discuss them first with my immediate supervisor.
7. I understand that it is my responsibility to submit a properly completed timesheet to my immediate supervisor by the agreed upon date. I understand that my failure to do so may delay my payroll warrant for that pay period.

I, the undersigned, affirm that I have read the above statements and agree with the terms therein. I understand that I may seek the assistance of the Student Employment Office when completing any required employment documents. I understand that a copy of this agreement will be available to my supervisor. I understand that I must maintain enrollment in at least six (6) units and a 2.0 cumulative GPA in order to participate in the student employment program.

SIGN HERE

_____ _____
Student Employee Signature Date (mm/dd/yyyy)

_____ _____
Received by (Student Employment Office Staff) Date

Chaffey College

OATH OF ALLEGIANCE FOR PERSONS EMPLOYED BY A SCHOOL DISTRICT OF THE STATE OF CALIFORNIA

(Required by Article 20, Section 3, California Constitution)

State of California)
ss
County of San Bernardino)

I, _____, do
(Type or Print Name)

solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Please sign in presence of HR Representative

_____

Signature of Employee

Taken, subscribed and sworn to before me this ____ day _____, 20 ___

_____

Signature of Authorized Official
Human Resources

Chaffey College
Office of Human Resources

(Check one)
☐ New Hire
☐ Name Change
☐ Address Change
☐ Other

EMPLOYEE INFORMATION

Date _____ **Social Security Number** _____ **Chaffey ID#** _____

Legal Name (do not use nicknames)

Last Name | First Name | Middle Name | Suffix (Jr., Sr.)

Name Change Information

Former Last Name

For name change, please check reason below:

☐ Marriage ☐ Divorce ☐ Other _____

Physical Address (do not use a PO Box)

Street | Apt. # | City | State | Zip

Email address | Home Phone | Cell Phone

Mailing Address (if different)

Street | Apt. # | City | State | Zip

Emergency Contact

Emergency Contact Name | Relationship | Emergency Phone

Street (if different) | City | State | Zip | Home Phone

DEMOGRAPHIC INFORMATION (used for mandated State and Federal reports)

_____
Date of Birth

☐ Male ☐ Female

Disability? ☐ Yes ☐ No
(based on the definition to the right)

Over 40 Years Old? ☐ Yes ☐ No

DEFINITION: An individual with a disability is defined by the DFEH as a person who has a physical or mental impairment that limits one or more major life activities, or a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment.

Ethnicity/Race

Are you Hispanic or Latino? ☐ Yes ☐ No

- ☐ Mexican, Mexican/American, Chicano (HM)
- ☐ Central American (HR)
- ☐ South American (HS)
- ☐ Hispanic Other (HX)

If not Hispanic, what is your race/ethnicity?

(check one or more)

- ☐ Chinese (AC)
- ☐ Asian Indian (AI)
- ☐ Japanese (AJ)
- ☐ Korean (AK)
- ☐ Laotian (AL)
- ☐ Cambodian (AM)
- ☐ Vietnamese (AV)
- ☐ Asian Other (AX)
- ☐ Filipino (F)
- ☐ Black or African American (B)
- ☐ American Indian/Alaskan Native (N)
- ☐ Guamanian (PG)
- ☐ Hawaiian (PH)
- ☐ Samoan (PS)
- ☐ Pacific Islander Other (PX)
- ☐ White (W)

Chaffey Community College District
Student Employment Office

Student Payroll Information

1. Student employment is short-term, temporary, and may not exceed 20 hours per week (or 35 hours per week when school is not it session).

2. Pay periods begin on the 1st of each month and end on the last day of the month.

3. Paychecks are issued on the 15th of each month. If the 15th falls on a weekend or holiday, checks will be issued the next business day.

4. Compensation is based on actual time worked; e.g., you will not be compensated for days off due to illness, vacation, jury duty, holidays, semester breaks, etc…

5. The District has the right to terminate your employment at any time. As an "at will" employee, you do not have reasonable assurance of continued work. Therefore, during breaks in employment you may be eligible to apply for unemployment and may file a claim with the Employment Development Department (EDD). Your entitlement for benefits will be determined by EDD and not by the District.

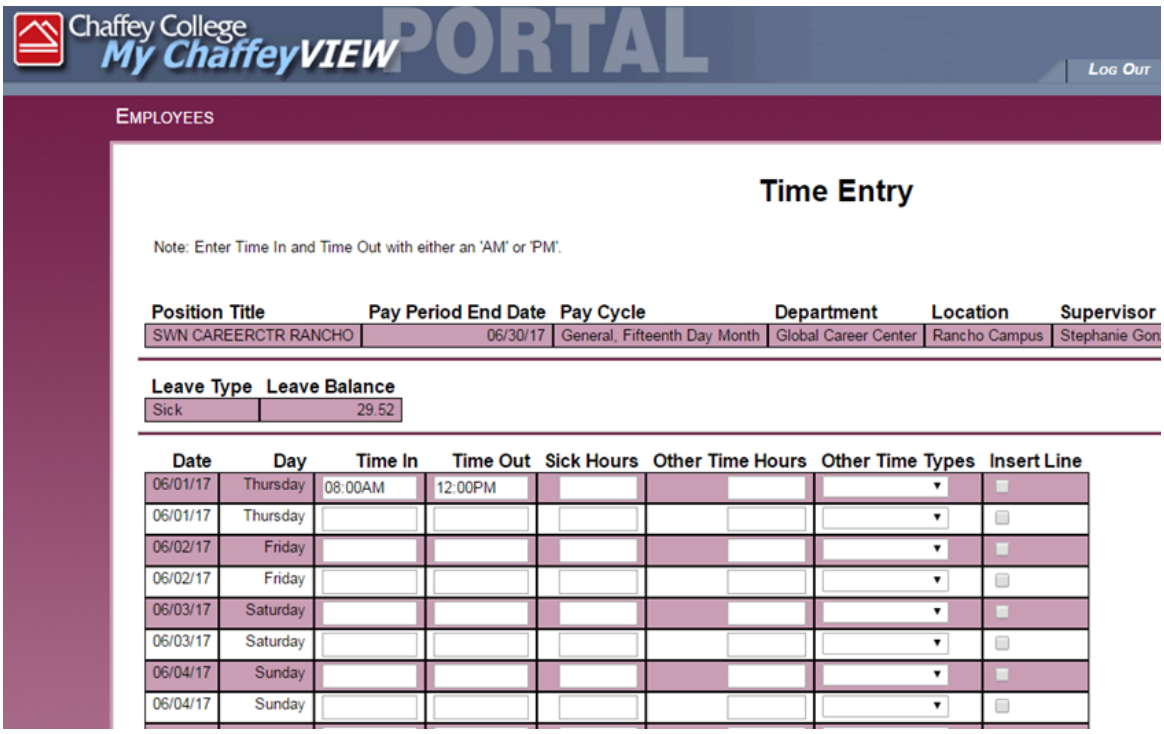
SIGN HERE

_____ _____

Employee Signature Date

MyChaffeyVIEW Webtime Timesheet

- Hours worked should be logged daily.
- Timesheets must be electronically signed before submission each month.



Chaffey Community College District
Student Employment Office

WARRANT(S) BENEFICIARY DESIGNATION

Under the provisions of *Section 53245* of the California Government Code, in the event of my death I hereby designate the following named person to be entitled to receive and have issued in their name all outstanding pay warrant(s) due to me by Chaffey College had I survived. (Note, if designated beneficiary is the spouse of employee, Chaffey College will issue final pay warrant(s) 'to the estate of' said employee.)

_____ _____

Print Designee's Name in Full Relationship to Employee

_____

Designee's Complete Address (Street, City, State, and Zip)

This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until canceled in writing by me.

It is expressly understood and agreed that the Chaffey Community College District is not obligated to deliver said warrant(s) to the person designated herein above unless said designated person within two years after the date of said warrant(s) claims from Chaffey College and provides to Chaffey College sufficient proof of identity pursuant to the provisions of *Section 53245* of the California Government Code.

SIGN HERE

_____ _____

Employee's Signature Date

_____

Witness / Student Employment Office Staff

Chaffey Community College District

PAYROLL ADVICE DISPOSITION

EFT AUTHORIZATION FORM

NAME: _____ CHAFFEY/DATATEL ID NUMBER: _____

EMPLOYMENT PAY TYPE: ☐ Academic Contract ☐ Classified Contract
☐ Academic Hourly / Adjunct ☐ Classified Hourly / Student

I HEREBY REQUEST THAT MY PAY ADVICE BE:

☐ **MAILED TO ADDRESS ON FILE (Sign Reverse Side)**

☐ **PICKED UP AT MY AREA OFFICE**: _____
AREA

☐ **ELECTRONICALLY TRANSFERRED TO MY BANK (attach voided check)**

☐ **CHANGE ELECTRONIC DEPOSIT**

☐ **ADDITIONAL ELECTRONIC DEPOSIT**

Bank Name: _____ Amount: _____

Banking institution 9-digit transit/ABA No: _____ Account No: _____
☐ Checking ☐ Savings

Bank Name: _____ Amount: _____

Banking institution 9-digit transit/ABA No: _____ Account No: _____
☐ Checking ☐ Savings

Bank Name: _____ Amount: _____

Banking institution 9-digit transit/ABA No: _____ Account No: _____
☐ Checking ☐ Savings

Bank Name: _____ Amount: _____

Banking institution 9-digit transit/ABA No: _____ Account No: _____
☐ Checking ☐ Savings

ATTACH VOIDED CHECK HERE

ELECTRONIC FUND TRANSFER TAKES EFFECT ONLY AFTER A SUCCESSFUL PRENOTE TEST HAS OCCURRED THROUGH THE BANKING SYSTEM. TYPICALLY THE NEXT PAY PERIOD.

I _____, shall hold harmless and indemnity Chaffey Community College District herein after referred to as District, and its officers and employees from any claim or demand of whatever nature of the District and its officers and employees, brought by any person, including any banking institution against the District in its capacity as an employer concerning the Payroll Warrant Disposition provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the Depository Credit Union/Bank named above, to credit and/or debit the same to such account. The request completed above is for the monthly disposition of my pay warrant from the first payroll after the date this form is signed until rescinded in writing.

Signature: _____ Date: _____ SIGN HERE

FOR BUSINESS OFFICE USE ONLY:

Prenote payroll date: _____

EFT date: _____

Chaffey Community College District

PAYROLL DEPARTMENT

WAIVER FOR WARRANT MAILING

I _____ , shall keep and save free and harmless the Chaffey Community College District, its officers, agents, and employees for any loss or delay of my pay warrant due to the deposit of same in the U.S. mail system.

I also understand and agree that per Government Code Section 29853, a warrant cannot be considered lost until and unless it has not been received by the addressee within twenty (20) days after date of mailing, unless a shorter period of time is established by the action of the Board of Supervisors.

By affixing my signature to this waiver, I acknowledge that, in accordance with Ordinance 2210 of the San Bernardino County Board of Supervisors, a warrant lost due to mailing cannot be replaced until fourteen (14) days have elapsed from the date of mailing. It is known and understood that this replacement may be further delayed due to payroll schedule conflicts.

Further, I acknowledge that payroll warrants replaced by a District Revolving Cash Fund check shall be only in the amount not to exceed 80% of the calculated net pay and the balance to be paid on the next supplemental payroll. If a County warrant is issued to replace the lost warrant ***AND*** the District has issued a revolving fund check as noted above, I will reimburse, upon receipt of the County warrant, the revolving fund in the amount of the temporary advance.

SIGN HERE

_____

Signature

_____

Date

Chaffey Community College District
Student Employment Office

Supplemental Employment Application

Name: _____ Chaffey ID Number: _____
Last First MI

Home Phone: _____ Cell Phone: _____ Dept: _____

RELATIVES

Do you have any relatives, by blood or law, who are currently employed by the Chaffey Community College District? ☐ Yes ☐ No If yes, who?

Name	Relationship	Work Site / Department

CONVICTIONS

As part of our responsibility to students and to the public, it is important to be extremely careful in screening applicants with conviction records. You may be disqualified from an examination, or dismissed from employment with the Chaffey Community College District unless you fill out this form accurately and completely.

A conviction includes a plea of guilty, and/or finding of guilty by a judge or a jury, even if such conviction was later dismissed pursuant to Penal Code section 1203.4. ***Convictions that are dismissed under Penal Code section 1203.4 are not "expunged" for this purpose and must be disclosed.*** They will appear on the report prepared by the California Department of Justice and/or Federal Bureau of Investigation.

Have you ever been convicted, fined or placed on probation for any violation of law? ☐ Yes ☐ No

You may omit the following:

- Minor traffic infractions and offenses adjudicated in juvenile court;
- If you have been convicted of a drug offense in Health and Safety Code sections 11357, 11360, 11364 or 11365, or a statutory predecessor of these statues which is over two years old.

INSTRUCTIONS

In the spaces below, give complete details for every time you have been convicted, fined, placed on probation, sentenced or given a suspended sentence for any violation of law. If you are in doubt, list the conviction and explain. If you are a finalist for a position with our District and a conviction appears on your records which you have not listed, you will be denied employment. Attach additional sheets if necessary.

Offense (Brief Description)	Offense Code No.	Date Mo/Yr	Location (City & State)	Infraction	Misdemeanor	Felony	Imprisoned	Fined	Probation
				☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐

DECLARATION

I declare that I have read and understand all of the questions and statements listed above and the answers I have given are true and correct.

SIGN HERE

_____ _____
Student Employee Signature Date

Employment Development Department
State of California

This form can be used to manually compute your withholding allowances, or you can electronically compute them at **https://edd.ca.gov/Payroll_Taxes/pdf/de4-online-calculator.pdf.**

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances ☐ SINGLE or MARRIED (with two or more incomes) ☐ MARRIED (one income) ☐ HEAD OF HOUSEHOLD
City, State, and ZIP Code	

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____

   Number of allowances from the Estimated Deductions, Worksheet B _____

   Total Number of Allowances (A + B) when using the California Withholding Schedules for 2018 _____

   OR

2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____

   OR

3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) ☐

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Payroll Tax Account Number

cut here

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME **TAX MAY BE UNDERWITHHELD** IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

(1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,

(2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld.** This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

EXEMPTION FROM WITHHOLDING (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA RESIDENT INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD (FTB).

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES	1-800-852-5711 (voice) 1-800-822-6268 (TTY)
IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free)	1-916-845-6500

The *California Employer's Guide,* DE 44, provides the income tax withholding tables. This publication may be found on the Employment Development Department (EDD) website at **www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm**. To assist you in calculating your tax liability, please visit the FTB website at **www.ftb.ca.gov/individuals/index.shtml**.

NOTIFICATION: If the IRS instructs your employer to withhold federal income tax based on a certain withholding status, your employer is required to use the same withholding status for state income tax withholding.

The burden of proof rests with the employee to show the correct California Income Tax Withholding. Pursuant to Section 4340-1(e) of Title 22, California Code of Regulations (CCR), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

PENALTY: You may be fined $500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by Section 13101 of the California Unemployment Insurance Code and Section 19176 of the Revenue and Taxation Code.

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:
— Do you claim allowances for dependents or blindness?
— Will you itemize your deductions?
— Do you have more than one income coming into the household?

TWO-EARNERS/MULTIPLE INCOMES: When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer. Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or Form W-4 filed for the highest paying job and zero allowances are claimed for the others.

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:
(1) Your spouse will not live with you **at any time** during the year;
(2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
(3) You will file a separate return for the year.

HEAD OF HOUSEHOLD: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

WORKSHEET A — REGULAR WITHHOLDING ALLOWANCES

(A)	Allowance for yourself — enter 1	(A) _____
(B)	Allowance for your spouse (if not separately claimed by your spouse) — enter 1	(B) _____
(C)	Allowance for blindness — yourself — enter 1	(C) _____
(D)	Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1	(D) _____
(E)	Allowance(s) for dependent(s) — do not include yourself or your spouse	(E) _____
(F)	Total — add lines (A) through (E) above	(F) _____

INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each $1,000, or fraction of $1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

WORKSHEET B — ESTIMATED DEDUCTIONS

1.	Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540		1. _____
2.	Enter $8,472 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $4,236 if single or married filing separately, dual income married, or married with multiple employers	–	2. _____
3.	Subtract line 2 from line 1, enter difference	=	3. _____
4.	Enter an estimate of your adjustments to income (alimony payments, IRA deposits)	+	4. _____
5.	Add line 4 to line 3, enter sum	=	5. _____
6.	Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)	–	6. _____
7.	If line 5 is greater than line 6 (if less, see below); Subtract line 6 from line 5, enter difference	=	7. _____
8.	Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.		8. _____
9.	If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)		9. _____
10.	Enter amount from line 5 (deductions)		10. _____
11.	Subtract line 10 from line 9, enter difference **Complete Worksheet C**		11. _____

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of Section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

WORKSHEET C TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2018 . . . . . 1. _____
2. Enter estimate of nonwage income (line 6 of Worksheet B) . . . . . 2. _____
3. Add line 1 and line 2. Enter sum . . . . . 3. _____
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) . . . . . 4. _____
5. Enter adjustments to income (line 4 of Worksheet B) . . . . . 5. _____
6. Add line 4 and line 5. Enter sum . . . . . 6. _____
7. Subtract line 6 from line 3. Enter difference . . . . . 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2018 tax rate schedules below . . . . . 8. _____
9. Enter personal exemptions (line F of Worksheet A x $125.40) . . . . . 9. _____
10. Subtract line 9 from line 8. Enter difference . . . . . 10. _____
11. Enter any tax credits. (See FTB Form 540) . . . . . 11. _____
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability . . . . . 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2018. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2018. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2018 . . . . . 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld . . . . . 14. _____
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4 . . . 15. _____

NOTE: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2018 ONLY

SINGLE PERSONS, DUAL INCOME MARRIED WITH MULTIPLE EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS
$0	$8,223 ...	1.100%	$0	$0.00
$8,223	$19,495 ...	2.200%	$8,223	$90.45
$19,495	$30,769 ...	4.400%	$19,495	$338.43
$30,769	$42,711 ...	6.600%	$30,769	$834.49
$42,711	$53,980 ...	8.800%	$42,711	$1,622.66
$53,980	$275,738 ...	10.230%	$53,980	$2,614.33
$275,738	$330,884 ...	11.330%	$275,738	$25,300.17
$330,884	$551,473 ...	12.430%	$330,884	$31,548.21
$551,473	$1,000,000 ...	13.530%	$551,473	$58,967.42
$1,000,000	and over...	14.630%	$1,000,000	$119,653.12

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS
$0	$16,446 ...	1.100%	$0	$0.00
$16,446	$38,990 ...	2.200%	$16,446	$180.91
$38,990	$61,538 ...	4.400%	$38,990	$676.88
$61,538	$85,422 ...	6.600%	$61,538	$1,668.99
$85,422	$107,960 ...	8.800%	$85,422	$3,245.33
$107,960	$551,476 ...	10.230%	$107,960	$5,228.67
$551,476	$661,768 ...	11.330%	$551,476	$50,600.36
$661,768	$1,000,000 ...	12.430%	$661,768	$63,096.44
$1,000,000	$1,102,946 ...	13.530%	$1,000,000	$105,138.68
$1,102,946	and over	14.630%	$1,102,946	$119,067.26

UNMARRIED HEAD OF HOUSEHOLD				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS
$0	$16,457 ...	1.100%	$0	$0.00
$16,457	$38,991 ...	2.200%	$16,457	$181.03
$38,991	$50,264 ...	4.400%	$38,991	$676.78
$50,264	$62,206 ...	6.600%	$50,264	$1,172.79
$62,206	$73,477 ...	8.800%	$62,206	$1,960.96
$73,477	$375,002 ...	10.230%	$73,477	$2,952.81
$375,002	$450,003 ...	11.330%	$375,002	$33,798.82
$450,003	$750,003 ...	12.430%	$450,003	$42,296.43
$750,003	$1,000,000 ...	13.530%	$750,003	$79,586.43
$1,000,000	and over	14.630%	$1,000,000	$113,411.02

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA RESIDENT INCOME TAX RETURN OR CALL THE FTB:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 1-800-852-5711 (voice)
1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES
(Not Toll Free) 1-916-845-6500

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, Section 4340-1, and the California Revenue and Taxation Code, including Section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.