



Joel I. Klein
Chancellor

New York City Department of Education New "Personal and Tax Data Change Form" for 2009/10



PLEASE PRINT ALL INFORMATION CLEARLY IN BLACK INK – INSTRUCTIONS ON BACK OF FORM

Social Security Number OR Employee ID

First Name Middle Last Name

CHANGES REQUESTED (CHECK ALL THAT APPLY):

<input type="checkbox"/> Name Change	<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Tax Information	<input type="checkbox"/> Date of Birth
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If you need to update your **ADDRESS, PHONE NUMBER, or MARITAL STATUS**, please call HR Connect at 718-935-4000.

NEW NAME (You must submit a copy of your Social Security card with your new name):

New First New Middle New Last

CORRECT SOCIAL SECURITY NUMBER:

Social Security Number

CORRECT DATE OF BIRTH:

MM DD YY YY

NEW TAX CHANGES: Check one payroll bank to which a tax change should be applied **AND** attach a completed Federal W-4 and/or State IT2104 form.

- QBANK - 742- Annual Pedagogue (S Pay cycle) (origin code R740R)
- QBANK - 744- UFT ED Paraprofessional (P-PAY Cycle) (origin code EBANK)
- HOURLY-EBANK - DC37 Hourly (B PAY Cycle) (origin code HOURL)
- TBANK -- Per Session Pedagogue -- Q747 (origin code DE470)
- TBANK -- Per Diem Pedagogue -- Q746 (origin code DE170)
- HBANK - Administrative - NYCAPS (origin code in EIS - HBANK)
- ZBANK - Administrative Hourly - NYCAPS (origin code in EIS - HBANK)

IMPORTANT: Please select a payroll bank or your tax request will be denied.

I certify that I have personally completed this application, and everything I have written is, to the best of my knowledge and belief, true and complete. I recognize my personal responsibility to notify my payroll secretary and other parties of changes submitted, as detailed in step 8 of the instructions on this form.

Employee Signature _____ **Date** _____

Note: Please retain copies of all documentation that you submit to the Department of Education.

Internal Use Only

Approved by _____ Date _____

Data Entered by _____ Date _____

Tax Location Code (for home address changes)



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New York City Department of Education Personal and Tax Data Change Form



Instructions for Completing the DOE Personal and Tax Data Change Form For All DOE Employees - Replaces the OP-85 Form

You may request a change to your following personal and/or tax data by completing the attached form: name, Social Security number, date of birth, tax status, tax allowances, and/or additional withholding amount.

This form must be completed and signed by you in order for the requested data changes to be processed. For name, Social Security number, date of birth, and tax information changes, you must submit appropriate supporting documentation required by the DOE (see chart below; some supporting documents must be originals).

Contact HR Connect directly at **718-935-4000** if you want to update your **ADDRESS, HOME PHONE, or MARITAL STATUS**.

Follow the instructions below to complete the DOE Personal and Tax Data Change Form:

1. Use a black or blue pen and print clearly in the boxes provided on the form.
2. At the top of the form, fill in your Social Security Number, first, middle and last name.
3. In the Changes Requested section, select the type of change(s) you are requesting.
4. **Only complete the sections corresponding to the changes you are requesting.**
5. After reviewing the information you have entered, sign and date the bottom of the form where indicated.
6. Make a copy of the completed form for your records.
7. Fax or Mail this form and **COPIES** or **ORIGINALS** if indicated below of all applicable supporting documentation to HR Connect (see information below).
8. It is your personal responsibility to notify your payroll secretary if you change your name, address, phone number, and/or tax information. Please submit page 3 of this form to your payroll secretary for her/his records. It may also be in your best interest to notify your union, retirement, health benefits (your name and address will automatically update with your insurance carrier), college savings plans, and TransitCheck offices about any changes to your personal data and/or tax withholdings.

Type of Change	Employees must attach a COPY of at least one of the following documents with the original form.
Name change	Social Security card
Social Security Number	Social Security card and driver's license (or state-issued ID card); or Social Security card and the original notarized identification certificate.
Federal Tax allowances, tax status and/or additional withholding amount	Federal W-4 form (and the original Withholding Certificate of Affirmation if there are more than 10 allowances)
State Tax allowances, tax status and/or additional withholding amount	State IT2104 form (and the original Withholding Certificate of Affirmation if there are more than 14 allowances)
Date of birth	Social Security card and birth certificate; or Social Security card and government-issued ID, such as a driver's license or passport
Address, Home Phone, Marital Status	Call HR Connect at 718-935-4000. No documentation necessary.

HR Connect Contact Information

Address:

New York City Department of Education
Division of Human Resources/HR Connect
65 Court Street
Room 102
Brooklyn, NY 11201

Fax: 718-935-3423

Phone: 718-935-4000

IMPORTANT: If you need to submit original documentation, you cannot fax your request.



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Notification Form for Payroll Secretaries



SCHOOL-BASED EMPLOYEES:
PLEASE SUBMIT PAGES 1 AND 2 TO HR CONNECT.
PLEASE SUBMIT THIS PAGE TO YOUR PAYROLL SECRETARY FOR HER/HIS RECORDS.

Social Security Number

First Name _____ Middle _____ Last Name _____

CHANGES FOR PAYROLL SECRETARY

My **name** has been changed from: _____

to: _____

My **home address** has been changed from: _____

to: _____

My **phone number** has been changed from: _____

to: _____

My **tax information** has been changed from:

Married Single Married but withhold at single rate Exempt from paying taxes
___ Federal Allowances \$ ___ Additional federal withholding
___ State Allowances \$ ___ Additional state withholding

to: Married Single Married but withhold at single rate Exempt from paying taxes
___ Federal Allowances \$ ___ Additional federal withholding
___ State Allowances \$ ___ Additional state withholding