



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

Social Security

Employee ID

First Name

Middle

Last Name

CHANGES REQUESTED (CHECK ALL THAT APPLY):

- Name Change
 Social Security Number
 Tax Information
 Date of Birth

If you need to update your **ADDRESS, PHONE,** or **MARITAL STATUS,** call HR Connect at 718-935-4000. If you are an admin employee, teacher, or F-Status you can make changes for these, as well as your **NAME,** using our NYCAPS Employee Self Service. Visit www.nyc.gov/ess to update your contact and biographical information.

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

New First

New Middle

New Last

NEW TAX CHANGES: Check your title that you want to make a tax change AND attach a completed Federal W4 and/or State IT-2104 form.

CORRECT SOCIAL SECURITY NUMBER:

New Social

- | | |
|---|--|
| <input type="checkbox"/> Fulltime Teacher | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> F-Status | <input type="checkbox"/> Administrative Hourly |
| <input type="checkbox"/> Per Session | <input type="checkbox"/> Other |
| <input type="checkbox"/> Substitute Teacher (per diem) | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Fulltime Paraprofessional | |
| <input type="checkbox"/> Substitute Paraprofessional (per diem) | |
| <input type="checkbox"/> School Aide/Family Worker | |

IMPORTANT: Please select your title or your tax request will be denied.

CORRECT DATE OF BIRTH:

DOB

MM DD YYYY

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.

Signature/Date: _____

Internal Use Only

Data Entered by _____ Date _____

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



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 for examples. documents must be originals). Contact HR Connect directly at **718-935-4000** if you want to update your **ADDRESS, HOME PHONE, or MARITAL STATUS**.

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 (or employee ID), 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.

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 a letter from Social Security Administration
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	Birth certificate; or 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.