

**NON-USPS ADJUSTMENT REQUEST – VALUES
(Fringe Benefit / Employee Business Expense)**

STD. 676V (REV. 10/2011)

SUBMIT COMPLETED REQUEST TO:
State Controller's Office
Personnel / Payroll Services Division
ATTN: W-2 Unit
PO Box 942850
Sacramento, CA 94250-5878



PLEASE TYPE OR PRINT CLEARLY. SEE COMPLETION INSTRUCTIONS ON THE REVERSE.

For additional information, including Volume Processing Information, refer to the State Controller's Office, Payroll Procedures Manual (PPM), Section N.

Submit only original.

| A. ITEM CODE | B. ITEM DESCRIPTION | C. TAX YEAR | D. PAGE OF |
|--------------|---------------------|-------------|------------|
| | | | |

| SOCIAL SECURITY NUMBER (1) | FIRST INITIAL (2) LAST NAME | | POSITION | | PAY PERIOD (5) MM/YY | GROSS AMOUNT SUBJECT TO WITHHOLDING (6) | GROSS AMOUNT NOT SUBJECT TO WITHHOLDING (7) | STATE CODE (8) | ISSUE DATE (9) MM/DD/YY |
|----------------------------|-----------------------------|--|------------|----------|------------------------------|---|---|----------------|-------------------------|
| | | | AGENCY (3) | UNIT (4) | | | | | |
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| (10) TOTAL ENTRIES | | | | | TOTAL SUBJECT TO WITHHOLDING | TOTAL NOT SUBJECT TO WITHHOLDING | | | |
| AGENCY / CAMPUS NAME | | | | | | | | | |

I certify that I am duly authorized by the herein named state agency to make this report and certification; that data stated herein is correct, complete and in accordance with all laws and regulations. I have a completed signature card (PPSD8A) on file with the State Controller's Office for STD. 676P and 676V.

| | | |
|---|----------------------------------|--------------------------------------|
| REPORTING OFFICER'S SIGNATURE | REPORTING OFFICER'S PRINTED NAME | DATE SIGNED |
| TYPED OR PRINTED NAME OF INDIVIDUAL COMPLETING THIS REQUEST | | TELEPHONE NUMBER (Include Area Code) |
| MAILING ADDRESS FOR INQUIRIES REGARDING THIS FORM | STREET ADDRESS | CITY, STATE AND ZIP CODE |

**NON-USPS ADJUSTMENT REQUEST- VALUES
(Fringe Benefit / Employee Business Expense)**

STD. 676V (REV. 10/2022) (REVERSE)

**INSTRUCTIONS**

Please type or print clearly. Complete all required information for each line. Do not use ditto marks to indicate duplicate line information.
Entries on Form STD. 676V must be as follows:

SPECIAL REPORTING: See PPM Section N-172.2 for special reporting instructions for Student Assistants (CSU only) and Board Members.

BOX A – Item Code. A separate form STD. 676V is required for each Item Code. Enter the two character ALPHA code, below, for the benefit being reported.

BOX C – Tax Year. A separate form STD. 676V is required for each tax year. If tax year does not agree with the issue year (Column 9), issue date will be used.

BOX B 7– Item Description. Enter the full name, below, of the benefit being reported (e.g., CARS Standard Business Mileage.)

BOX D – Page ___ of ___. Must be completed.

COLUMN

1. Enter the employee's Social Security Number.
2. Enter the employee's first initial and last name.
3. Enter the three-digit agency code.
4. Enter the three-digit unit number.
5. Enter the two-digit month and year for the pay period (mm/yy) in which the benefit amounts were paid or incurred.
6. Enter the gross amount subject to withholding.
7. Leave blank.
8. Enter the State Code **CA**, California
IL, Illinois
NY, New York
Blank, all others

**NOTE: FOR CAR / VAN POOL, VAN POOL DRIVER
COMMUTER HIGHWAY VEHICLE, DISCOUNT
TRAVEL / TRAVEL PASS, RIDESHARE INCENTIVE AND
FORGIVEABLE LOAN, LEAVE STATE CODE BLANK**

COLUMN

9. Enter the issue date of the benefit payment. Issue date is defined as the last day of the pay period in which payments were issued to the employee.

NOTE: NON-CASH TAXABLE FRINGE BENEFITS ARE REPORTED UNDER A SPECIAL ACCOUNTING PERIOD (SAP) OF DECEMBER THROUGH NOVEMBER. FOR NON-CASH BENEFITS RECEIVED IN THE MONTH OF DECEMBER, ENTER 01/01/XX OF THE SUBSEQUENT YEAR. SEE PPM SECTION N 175.

10. Enter the the total number of line entries on page and total gross amounts for column 6 and/or 7

BOTTOM BOXES

- Enter the agency / campus name.
- Signature and printed name of the reporting officer is required.
- Enter the current date.
- Enter the name and telephone number of the person completing the form.
- Enter the mailing address to send inquiries regarding form.

**ITEM
CODE DESCRIPTION****AIRCRAFT**

- AP** • Personal Use of State Aircraft

AWARDS / BONUSES / INCENTIVES

- AL** • Lottery Sales Recognition Program (CS)
- AI** • Rideshare Incentive Award Program
- AM** • Merit Award Program (*Cash Equivalent*)
- II** • Miscellaneous Incentive Programs
- IE** • Incentives Provided by Third Parties (*Cash Equivalent*)

CARS

- CP** • Personal Use of State Vehicle
- CV** • Vehicle Provided by Third Parties

DEBIT CARDS

- DH** • Health Care Reimbursement Account (CSU)

EA EDUCATIONAL ASSISTANCE**EL ELECTRONIC DEVICES****HOUSING**

- HE** • Executive Housing Expense
- HR** • Reimbursement Plans
- HV** • Value of State Housing

LIFE INSURANCE

- LL** • Group Term Life Insurance (Legislators)
- LN** • Group Term Life Insurance (Non-Legislators)

**ITEM
CODE DESCRIPTION****LOAN PROGRAMS**

- LF** • Forgivable Loan / Doctoral Incentive Program (CSU)
- LA** • Loan Assumption Program (CS)
- LP** • Loan Forgiveness Program (CS)

MEALS

- MP** • Medical Officer of the Day
- OM** • Overtime Meals

OP OUT-PLACEMENT**DM PROFESSIONAL / NONPROFESSIONAL DUES AND MEMBERSHIPS****TK TICKETS****SCHOLARSHIPS**

- SC** • Fee Waiver Program (CSU)

TRANSPORTATION SUBSIDIES

- TC** • Car / Van Pool (CSU)
- TH** • Commuter Highway Vehicle (CSU)
- TD** • Discount Travel / Travel Pass
- TE** • Employer-Provided Parking

UA UNIFORM ALLOWANCES