

PAYROLL USERS GROUP

Tuesday, February 25, 2020

9:00 AM

City Centre, 1B

AGENDA

- 1. CALSTRS**
 - a. Leave of Absence**
- 2. CALPERS**
 - a. Circular Letter Social Security**
 - b. Late Enrollments**
- 3. Special Comp Coding**
 - a. Monthly and Retro**
- 4. Kern Schools – Valley Strong**
- 5. CASDU**
- 6. Accumulators**
- 7. Forged Warrants**
- 8. Altered Warrants**
- 9. ACA Forms**
- 10. W4**

Next PUG Meeting: May 27, 2020



California Public Employees' Retirement System
P.O. Box 942715 | Sacramento, CA 94229-2715
(888) CalPERS (or 888-225-7377) | TTY: (877) 249-7442
www.calpers.ca.gov

Announcements

Circular Letter

February 21, 2020

Circular Letter: 200-005-20

Distribution: VI, XII, XVI

To: All Public Agency Employers, County Superintendent of Schools, and Individual School Districts

Subject: State Social Security Administrator Program Online Webinars for Public Employers

Purpose

The purpose of this Circular Letter is to provide information for the upcoming State Social Security Administrator Program webinars.

Webinar Description

Join the official State Social Security Administrator (SSSA) for discussions that will appeal to those with or without a Social Security and Medicare Section 218 Agreement. Some of the webinar topics include:

- Annual Information Request for public employers and county schools
- Section 218 Agreements and how to enter into a voluntary agreement
- Social Security and Medicare withholding issues and how to correct them
- Windfall Elimination Provision (WEP) and Government Pension Offset (GPO)

View the [Social Security & Medicare Webinars page](#) to register for a webinar

Questions

If you have any questions, contact the SSSA office via email at sssa.education@calpers.ca.gov or call the SSSA office directly at 916-795-0810. You may also call our CalPERS Customer Contact Center at **(888) CalPERS** (or **888-225-7377**).

Renee Ostrander, Chief
Employer Account Management Division

Late Enrollments

Kristina Bozzo-Baldenegro & Reana Hlawaty
Employer Account Management Division

Overview (1 of 2)

What is a late enrollment?

What does employer paid arrears mean?

Automation of late enrollments

Notification of Reported Late Appointment letter

Notification of Employer Paid Arrears Processing letter

Who receives these letters?

Overview (2 of 2)

New myCalPERS screens

Additional myCalPERS enhancements

Resources

Late Enrollment in myCalPERS

Business partners have 90 days to establish membership in myCalPERS (Gov. Code section 20283)

Enrollment(s) entered outside the 90-day time frame are considered late enrollment(s)

- Subject to employer paid arrears

Employer Paid Arrears

Defined in Gov. Code section 20283

Employer is liable for all arrears costs

- Employer contributions
- Member contributions
- \$500 administrative cost

Arrears costs are not passed to the employee

Automation of Late Enrollments

Arrears determinations for late enrollments

- Automated beginning early March 2020

Notification of Reported Late Appointment Letter

Replacing current Notification of Reported Late Appointment letter
(myCalPERS 0847)

- Mailed to the business partner and participant
- Notifies the employer paid arrears time frame
- Gives 30-day appeal time frame

Notification of Employer Paid Arrears Processing Letter

New letter (myCalPERS #####)

- Mailed 30 days after the Notification of Reported Late Appointment letter
- Notifies the processing of the arrears determination

Letter Recipients

Agency contacts will receive the letter in this sequence:

1. Arrears Administrator
2. Payroll
3. Human Resources
4. General

Important: Ensure your agency contact information is updated in myCalPERS

New myCaIPERS Screen (1 of 2)

Arrears Determinations panel added to the appointment list page

- Permission Set Required: Retirement Enrollment
- View determinations associated with your agency

Arrears Determinations						
Employer	BP ID	Appointment ID	Type	Begin Date	End Date	Determination Date
California State University at Chico	1033971744	28145330	Employer Paid	8/20/2003	6/16/2019	7/16/2019
California State University at Chico	1033971744	92685117	Employer Paid	8/31/2018	11/25/2019	



[Details](#)
[Details](#)

New myCaLPERS Screen (2 of 2)

Example: *Arrears Details* panel

- No changes can be made by the business partner

Participant Name: [REDACTED] **CaLPERS ID:** [REDACTED]

Arrears Detail
Appointment Information

Employer: Los Angeles Unified School District Appointment ID: 10097050	CaLPERS ID: [REDACTED] Enrollment Date: 01/01/2019
Arrears Type: Employer Paid (20203)	
Arrears Period Begin Date: 05/25/2019 Create Date: 11/25/2019	Reason: Late enrollment Arrears Period End Date: 11/25/2019 Created by: Barch000/0000 Manual Review

[Return](#)

Additional myCalPERS Enhancements

Arrears determinations and membership reviews

Expanded information and tools

Resources

[Public Agency & Schools Reference Guide](#)

[Membership Reporting@calpers.ca.gov](mailto:Membership_Reporting@calpers.ca.gov)

CalPERS Customer Contact Center

- 888 CalPERS (or 888-225-7377)

Upcoming Circular Letter

[myCalPERS Student Guides](#)

I think we are now ready to proceed with Direct Deposit for all State Disbursement Unit cases. You will first need to complete and email the CASDU Setup Request Template and the California Case Reconciliation Template (you must password protect this spreadsheet) to casdu-electronichelpdesk@dcss.ca.gov . Send the password for the spreadsheet in a separate email to the same address.

CASDU should respond to you with a copy of the Case Reconciliation Spreadsheet. The far right column will be filled in with the California Case Identifier (CA SDU USE ONLY). Change your SDU vol deds to #0199 and use the new Case Identifier to fill out the Child Support Information screen. If you use "01" vol ded frequency, the history will not be kept on the Child Support Information screen and you will need to completely reenter all information each time. If you need to change the deduction amount you will get the following warning – "vol-ded 0199 is used in the Child Support Information Screen and may need to be updated". Click OK, open the Child Support Information screen where will get another warning telling you the screens are different, click OK on the warning and the save icon on the Child Support Information screen.

Do not hesitate to contact BASS@kern.org with additional questions.

Employee/Obligor Case Identifier	Obligor/Employee Last Name	Obligor/Employee First Name	Obligor's SSN# (9 digits required)	California Case Identifier (CA SDU USE ONLY)
0290206139-99	Jones	Jim	***-**-****	99999999999999

- Payroll
 - W4/Control Data (W4)
 - Direct Deposit
 - Deductions (PD)
 - Pay Lines (PR)
 - Payroll Events (PE)
 - Time Card Entry (TC)
 - Deferred Pay
 - Deduction Accumulators
 - Substitute Batch Entry
 - Child Support Information
 - PPACA Information

Child Support Information99 - TEST DISTRICTQSS/OASIS

FileOptionsWindow

FLINTSTONE, FRED U99/**-**-5555 7 SEID 5555555555

Show SSN VLI-04/30/2014-09:30:48

VolDed: 0199 - STATE DISBURSEMENT UNIT

Selected VolDed: System.Data.DataRowView

Amount: 400.00

Show DeductionsCase HistoryManual Adjustments

Add CaseDelete Case

Case Identifier	Ign	Percent	Amount	Total	Pending	Comment
840404040	N	100.0000	400.00	400.00	0.00	
** Case Totals **		100.0000	400.00			
** Difference **		0.0000				

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



If you would like to begin sending electronic payments to the California Department of Child Support Services, State Disbursement Unit using ACH Credit, please complete the following information and fax or mail (located below) the form to us. Our EFT Unit will contact you as soon as we receive the form to arrange a test file exchange.

Company: c/o KERN SUPT. OF SCHOOLS	
Company FEIN:	File Format: <input checked="" type="checkbox"/> CCD+ [] CTX
Company Technical Contact Person: Bruce Storer	
Phone: 661-636-4733	Fax: 661-636-4131
Email: brstorer@Kern.org	
Company Payroll Contact Person:	
Phone:	Fax:
Email:	
Additional Contact:	
Phone:	Fax:
Email:	
Company Mailing Address (for future information from California SDU):	

I hereby acknowledge receipt of the California DCSS instructions on EFT of child support payments from employers. I understand the requirements for a successful EFT transfer and our company agrees to comply with the requirements.

Acknowledged:	Date:
Print Name:	Title:

Please fax form to CASDU EHD 888-587-5471, or mail to:
Attention: EFT Unit
California State Disbursement Unit
PO Box 981326
West Sacramento, CA 95798-1326

**California State Disbursement Unit
Case Reconciliation**

[illegible]

PROCEDURES FOR FORGED WARRANTS

If warrant gets cashed and is forged: Payee completes Affidavit of Check Fraud by Payee Forged Endorsement and takes to Kern County Treasurer/Tax Collector, 1115 Truxtun Ave, 2nd floor, Bakersfield CA 93301.

Items needed for Forged warrant: complete claim/notarized, postal form if warrant was mailed, copy of the cashed warrant and a computer printout that gives the warrant information. Eg. Vendor history

If warrants were cashed and are altered/forged, but cashed by 3rd party. 3rd party is responsible to complete form and take to auditor controller and recover funds

e.g. If warrant had a stop payment or was canceled. Our office is not out of any funds and we don't need to recover funds by completing claim.

When funds are recovered and credit sent to us from auditor controller. We will enter an EROD for the district and credit object code 8699 or 9500 for SISC warrants

Treasurer sends the claim to the bank for research

It may take 1 to 6 months for claim to be processed. If we receive any updates we will contact district. We deposit the funds into your 8699 or 9500 SISC warrants object code.

If you have questions, please call me Elena Perez, 661.636.4662, elperez@kern.org

Please have your vendor or EE contact you, my information for district contact.

Kern County Superintendent of Schools

6th floor

1300 17th St

Bakersfield CA 93301

/ep

2.18.2020

forged info

● → complete

Forged Claim Sample

WELLS
FARGO

Affidavit of Check Fraud by Payee

Forged endorsement claims only 475 962 4075 Accts Payable

Name of payee	Wells Fargo account number of check signer: 475 962 4083	Date
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Please return the completed claim forms, along with the original checks, or photocopies to the address below. Overnight mail will NOT be accepted; USPS certified and priority mail OK.

Claims Assistance Center – TMFC MAC# A0246-02B
Wells Fargo Bank
PO Box 7068
San Francisco, CA 94120-7068

→ payroll
the account on
bottom of warrant

- If you have questions about this form, please call us at 1-800-278-6256, Monday through Friday, 5:30 a.m. to 5:30 p.m. Pacific Time. We can provide assistance in other languages at this number.
- If you are claiming more than one check as "Endorsement Forged," please make photocopies of this form and submit each check with a separate signed affidavit page.
- Please include the following information for each fraudulent check:

☐ Endorsement forged

My endorsement on the reverse side of the check listed below is a forgery, missing, or not as originally drawn. I did not endorse the check, nor did I authorize the endorsement.

Check #	Date	Made payable to:	Amount
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Customer/Payee/Claimant: By signing below, you are making the following declarations:

- The statements indicated above are true.
- I did not receive any benefit or value from the proceeds of the checks listed above.
- I have not arranged with the persons who misused the checks listed above to be reimbursed for any portion of the proceeds of the checks.
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

I declare under the penalty of perjury that the above statements are true and correct.

This form must be notarized after it's been completed. If the person signing this affidavit (affiant) is located outside the U.S., the foreign notarized document must be "authenticated" at the U.S. Consulate.

Print name and title:	Phone number/email:
Signature:	Date:
Address of customer/affiant (Address/City/State/ZIP)	

Signature of Notary Public:

Place Notary Stamp here:

NOTARY INFORMATION:

State of: _____ County of: _____
Subscribed and sworn before me this _____ day of _____, (year) _____
My commission expires _____

Completed by payee



UNITED STATES POSTAL INSPECTION SERVICE

SAN FRANCISCO DIVISION

if not applicable please use
N/A

Warrant Number

WARNING

FEDERAL LAW PROHIBITS FILING A FALSE REPORT UNDER PENALTY OF FINE AND PRISON

We are investigating the possible theft from the mails of your check(s) indicated above. Your assistance in completing and returning this form in the enclosed envelope, requiring no postage, will be appreciated.

1. My present address and telephone number:

2. Were you residing at the check address on the date the check would have been delivered?

3. If known, who was living at the check address when the check(s) would have been delivered?

4. What time is or was delivery made?

5. Were you at home when the check was due?

6. What type of mail receptacle is located at the check address?

Locked Box _____ Unlocked Box _____ Door Slot _____ Other _____

7. Please furnish names and addresses of anyone you have reason to suspect stole and/or forged and cashed the above indicated check(s)

8. The name _____ appears as the second endorser on the check(s). Do you know anyone by that name?

9. I never received this check

Signature

Date

Sincerely,

M. E. Wilson-Postal Inspector
San Francisco Division
P.O. Box 81800
Bakersfield, CA 93380-1858

2 of 4

include:

copy of cashed
warrant

include:
printout of
employee history (830)
or

Vendor warrant
activity

Affidavit of Check Fraud by Payee

Forged endorsement claims *only*

WELLS
FARGO

Name of payee	Wells Fargo account number of check signer:	Date
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Please return the completed claim forms, along with the original checks, or photocopies to the address below. Overnight mail will NOT be accepted; USPS certified and priority mail OK.

Claims Assistance Center – TMFC MAC# A0246-02B
Wells Fargo Bank
PO Box 7068
San Francisco, CA 94120-7068

- If you have questions about this form, please call us at 1-800-278-6256, Monday through Friday, 5:30 a.m. to 5:30 p.m. Pacific Time. We can provide assistance in other languages at this number.
- If you are claiming more than one check as "Endorsement Forged," please make photocopies of this form and submit each check with a separate signed affidavit page.
- Please include the following information for each fraudulent check:

<input type="checkbox"/> Endorsement forged My endorsement on the reverse side of the check listed below is a forgery, missing, or not as originally drawn. I did not endorse the check, nor did I authorize the endorsement.			
Check #	Date	Made payable to:	Amount

Customer/Payee/Claimant: By signing below, you are making the following declarations:

- The statements indicated above are true.
- I did not receive any benefit or value from the proceeds of the checks listed above.
- I have not arranged with the persons who misused the checks listed above to be reimbursed for any portion of the proceeds of the checks.
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

I declare under the penalty of perjury that the above statements are true and correct.

This form must be notarized after it's been completed. If the person signing this affidavit (affiant) is located outside the U.S., the foreign notarized document must be "authenticated" at the U.S. Consulate.

Print name and title:	Phone number/email:
Signature:	Date:
Address of customer/affiant (Address/City/State/ZIP)	

Signature of Notary Public:

Place Notary Stamp here:

NOTARY INFORMATION:

State of: _____ County of: _____
Subscribed and sworn before me this _____ day of _____, (year) _____

PROCEDURES FOR ALTERED WARRANTS

One year recovery of funds

Affidavit of Check Fraud form (altered warrant claim/long form claim)

If warrant gets altered and cashed (changed by any form from original print)

Please complete and send the following to begin claim process:

Complete altered claim, postal form if warrant was mailed, copy of the cashed warrant and a computer printout that gives the warrant detail. Eg. vendor history

Our office (KCSOS 6th floor) notarizes forms and delivers to Kern County Treasurer/Tax Collector.

Page 1, Payor/district completes form

KCSOS 6th floor notarizes claim and submits to County Treasury/Tax Collector.

Need a notarized claim for every warrant sent.

Page 2, completed by district

Page 3, completed by payee

Page 4, completed by payee, sign and date the claimant lines.

Page 5, Postal form is completed by payee and signs.

Page 6, Please **send copy of cashed warrant**

Page 7, Please **send computer printout of warrant detail**

Treasurer sends the claim to the bank for research

It may take 1 to 6 months for claim to be processed. If any updates are received on the claim we will contact district. We deposit the funds into your object code 8699 or if SISC warrant object code 9500.

If you need assistance or have questions, please call me Elena Perez, 661.636.4662 or elperez@kern.org

Please have your vendor or EE contact you, my information for district contact.

Kern County Superintendent of Schools

6th floor

1300 17th St

Bakersfield CA 93301

/ep

2.18.2020

altered into

Altered Claim Sample

Affidavit of Check Fraud

WELLS
FARGO

4759624075 payables

Name of claimant/customer reporting fraud payee name	Wells Fargo account number of check signer 4759624083 payroll	Date
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- If you have questions about the form, please call us at 1-800-278-6256, Monday - Friday, 5:30 a.m. to 5:30 p.m. Pacific Time. We can provide assistance in other languages at this number.
- Submit a completed and signed **Questionnaire of Check Fraud** (pages 3 and 4) along with this form.
- Please check one of the following:

<input type="checkbox"/> Signature forged My signature on the face of the checks listed below is a forgery. I did not sign the checks and I did not authorize the signature.	<input type="checkbox"/> Counterfeit The checks are an imitation of checks drawn on my account. I did not create, sign, or authorize the creation or signatures of the checks listed below.	<input type="checkbox"/> Altered The checks listed below have unauthorized alterations. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the checks.	<input type="checkbox"/> Other (Please explain)
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Please include the following information for **each** fraudulent check:

- If the check was **altered**, please use two lines and include the information originally written on the check, as well as the information written on the check when it was paid, along with the original check register. Use a separate affidavit (page 1) for **each** altered check.
- If you have **more than 3 checks to list**, please continue listing them on page 2 of this affidavit.

Check #	Date	Made payable to	Amount
Check #	Date	Made payable to	Amount
Check #	Date	Made payable to	Amount
Check #	Date	Made payable to	Amount
Check here if you have included in the claim total, shown to the right, items on page 2 or on an attached page: <input type="checkbox"/>			Claim total: Amount

Please return the **completed claim forms**, along with the **original checks**, or photocopies to the address below. **Overnight mail will NOT be accepted; USPS certified and priority mail OK.**

Claims Assistance Center - TMFC MAC# A0246-02B
Wells Fargo Bank
PO Box 7068
San Francisco, CA 94120-7068

Claimant/Customer: By signing below, you are declaring the following:

- I did not receive any benefit or value from the proceeds of the checks listed above.
- I have not arranged with the persons who misused the checks listed above to be reimbursed for any portion of the proceeds of the checks.
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

I declare under the penalty of perjury that the above statements are true and correct.

This form must be notarized after it's been completed. If the person signing this affidavit is located outside the U.S., the foreign notarized document must be "authenticated" at the U.S. Consulate.

Print name and title:	Phone number / email:
Signature:	Date:
Address of claimant/customer (Address/City/State/ZIP)	

Signature of Notary Public:

Place Notary Stamp here:

NOTARY INFORMATION:

State of: _____ County of: _____
Subscribed and sworn before me this _____ day of _____, (year) _____
My commission expires _____

10 of 7 KCSOS notarizes & delivers

if needed

Affidavit of Check Fraud

Additional checks continued from page 1

Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
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Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount

2 of 7

Completed by payee

Questionnaire of Check Fraud

• if, not applicable please use N/A

Please answer the following questions to assist us in our investigation:

1) **When** and **how** did you discover the fraud in your account?

2) **When** and **how** did you report the fraud to Wells Fargo?

3) Have you reported the fraud to law enforcement? If yes, please provide the agency, investigator name (if assigned), and the case number.

4) Do you know who might have committed the fraud?
(If yes, please list their name and relationship to you here, then answer Questions 5 and 6 below. If no, skip to Question 7.)

3 of 7

Completed by payee

- 5) Please give details about this person, including addresses and phone numbers. If a current or former employee, list employment dates.

- 6) Explain how the person that committed the fraud might have gained access to your account information.

- 7) Please tell us anything else that might help us with the investigation.

I declare under the penalty of perjury that the above statements are true and correct:

Print name and title	Phone	Email
Signature		Date
Address of claimant/customer: (Address/City/State/Zip)		

payee signs

Completed by payee



UNITED STATES POSTAL INSPECTION SERVICE

SAN FRANCISCO DIVISION

if, not applicable please
use N/A

Warrant Number

WARNING

FEDERAL LAW PROHIBITS FILING A FALSE REPORT UNDER PENALTY OF FINE AND PRISON

We are investigating the possible theft from the mails of your check(s) indicated above. Your assistance in completing and returning this form in the enclosed envelope, requiring no postage, will be appreciated.

1. My present address and telephone number: _____
2. Were you residing at the check address on the date the check would have been delivered? _____
3. If known, who was living at the check address when the check(s) would have been delivered? _____
4. What time is or was delivery made? _____
5. Were you at home when the check was due? _____
6. What type of mail receptacle is located at the check address?
Locked Box _____ Unlocked Box _____ Door Slot _____ Other _____
7. Please furnish names and addresses of anyone you have reason to suspect stole and/or forged and cashed the above indicated check(s)

8. The name _____ appears as the second endorser on the check(s). Do you know anyone by that name? _____
9. I never received this check _____

Signature

Date

Sincerely,

M. E. Wilson-Postal Inspector
San Francisco Division
P.O. Box 81800
Bakersfield, CA 93380-1858

5087

include:

Copy of cashed

warrant

include:
print out of
employee history (830)
or

Vendor Warrant
activity

Affidavit of Check Fraud

Name of claimant/customer reporting fraud	Wells Fargo account number of check signer	Date
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- If you have questions about the form, please call us at 1-800-278-6256, Monday – Friday, 5:30 a.m. to 5:30 p.m. Pacific Time. We can provide assistance in other languages at this number.
- Submit a completed and signed **Questionnaire of Check Fraud** (pages 3 and 4) along with this form.
- Please check one of the following:

<input type="checkbox"/> Signature forged	<input type="checkbox"/> Counterfeit	<input type="checkbox"/> Altered	<input type="checkbox"/> Other
My signature on the face of the checks listed below is a forgery. I did not sign the checks and I did not authorize the signature.	The checks are an imitation of checks drawn on my account. I did not create, sign, or authorize the creation or signatures of the checks listed below.	The checks listed below have unauthorized alterations. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the checks.	(Please explain)

Please include the following information for *each* fraudulent check:

- If the check was **altered**, please use two lines and include the information originally written on the check, as well as the information written on the check when it was paid, along with the original check register. Use a separate affidavit (page 1) for *each* altered check.
- If you have **more than 3 checks to list**, please continue listing them on page 2 of this affidavit.

Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check here if you have included in the claim total, shown to the right, items on page 2 or on an attached page: <input type="checkbox"/>			Claim total: Amount

Please return the completed claim forms, along with the original checks, or photocopies to the address below. Overnight mail will NOT be accepted; USPS certified and priority mail OK.

Claims Assistance Center – TMFC MAC# A0246-02B
Wells Fargo Bank
PO Box 7068
San Francisco, CA 94120-7068

Claimant/Customer: By signing below, you are declaring the following:

- I did not receive any benefit or value from the proceeds of the checks listed above.
- I have not arranged with the persons who misused the checks listed above to be reimbursed for any portion of the proceeds of the checks.
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

I declare under the penalty of perjury that the above statements are true and correct.

This form must be notarized after it's been completed. If the person signing this affidavit is located outside the U.S., the foreign notarized document must be "authenticated" at the U.S. Consulate.

Print name and title:	Phone number / email:
Signature:	Date:
Address of claimant/customer (Address/City/State/ZIP)	

Signature of Notary Public:

Place Notary Stamp here:

NOTARY INFORMATION:

State of: _____ County of: _____

Subscribed and sworn before me this _____ day of _____, (year) _____

My commission expires _____

Additional checks continued from page 1

Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount
Check #	Date	Made payable to:	Amount

Questionnaire of Check Fraud

Please answer the following questions to assist us in our investigation:

1) **When** and **how** did you discover the fraud in your account?

2) **When** and **how** did you report the fraud to Wells Fargo?

3) Have you reported the fraud to law enforcement? If yes, please provide the agency, investigator name (if assigned), and the case number.

4) Do you know who might have committed the fraud?
(If yes, please list their name and relationship to you here, then answer Questions 5 and 6 below. If no, skip to Question 7.)

5) Please give details about this person, including addresses and phone numbers. If a current or former employee, list employment dates.

6) Explain how the person that committed the fraud might have gained access to your account information.

7) Please tell us anything else that might help us with the investigation.

I declare under the penalty of perjury that the above statements are true and correct:

Print name and title	Phone	Email	
Signature		Date	
Address of claimant/customer: (Address/City/State/Zip)			

Employee's Withholding Certificate

OMB No. 1545-0074

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ► **Give Form W-4 to your employer.**
 ► **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

► **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240