

New York City Department of Education New "Personal and Tax Data Change Form" for 2010



Joel I. Klein Chancellor

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

Chancellor Social Security Number	OR Employee ID				
First Name Middle	Last Name	,			
CHANGES REQUESTED (CHECK ALL THAT APPLY): Name Change	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 New First New Middle	card with your new name): New Last				
CORRECT SOCIAL SECURITY NUMBER: Social Security Number	NEW TAX CHANGES: Check one pay AND attach a completed Federal W-4 an QBANK - 742- Annual Pedagogue (S F QBANK - 744- UFT ED Paraprofession HOURLY-EBANK - DC37 Hourly (B	nd/or State IT2104 form. Pay cycle) (origin code R740R) nal (P-PAY Cycle) (origin code EBA			
CORRECT DATE OF BIRTH: MM DD Y Y Y Y Y	☐ TBANK Per Session Pedagogue Q ☐ TBANK Per Diem Pedagogue Q7- ☐ HBANK - Administrative - NYCAPS (☐ ZBANK - Administrative Hourly - NYCAPS (46 (origin code DE170) or F-status (origin code in EIS - HBANK)	a payroll bank or your tax request will be denied.		
I certify that I have personally completed this application, and everything I have true and complete. I recognize my personal responsibility to notify my payroll s detailed in step 8 of the instructions on this form. Employee Signature		Internal Use Only Approved by Data Entered by Tax Location Code (for he	Date		
Note: Please retain copies of all documentation that you submit to the Depa					



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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:

- 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.
- 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.
- 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.
- Fax or Mail this form and COPIES or ORIGINALS if indicated below of all applicable supporting documentation to HR Connect (see information 7. below).
- 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.

New York City Department of Education Division of Human Resources/HR Connect 65 Court Street

HR Connect Contact Information

Room 102

Address:

Brooklyn, NY 11201

Fax: 718-935-3423 **Phone:** 718-935-4000

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



Chancellor

New York City Department of Education



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 P	AYROLL SECRETARY			
My name has been	changed from:			
to:				
My home address h	as been changed from:			
to:				
My phone number	has been changed from:			
to:				
My tax information	has been changed from:			
	Federal Allowances	☐ Married but withhold s \$Additional fe \$Additional st	C	ying taxes
to:	Federal Allowances		3	ing taxes