Instructions

STATE OF CALIFORNIA - CONTROLLER'S OFFICE

SALARY ADVANCES PAID/OFFSET REPORT

STD. 422 (REV. 08/2005)

See Reverse of Report for Instructions. Form Must be Typed.

1. ACTION (Check appropriate box)				PAGE	OF
A. ☐ INITIAL SALARY ADVANCE		C. ☐ PACKAGE INITIAL and OFFSET			
B. ☐ OFFSET SALARY ADVANCE		D. ☐ CANCEL SALARY ADVANCE			
2. EMPLOYEE CBID	3A. TAX YEAR	3B. AGENCY/CAMPUS NAME			

4. SOCIAL SECURITY NUMBER	5. EMPLOYEE NAME		6. POSITION NUMBER				7. PAY PERIOD			8. PT	9. AC	10. ST CD	11. TAXABLE GROSS
	INITIALS	LAST NAME	AGENCY	UNIT	CLASS	SERIAL	T	MM	YY				

12. FEDERAL TAX WITHHELD	13. STATE TAX WITHHELD	14. STATE DISABILITY INSURANCE SUBJECT GROSS	15. STATE DISABILITY INSURANCE WITHHELD	16. SOCIAL SECURITY SUBJECT GROSS	17. SOCIAL SECURITY WITHHELD	18. MEDICARE SUBJECT GROSS	19. MEDICARE WITHHELD

20. SOCIAL SECURITY STATE SHARE	21. MEDICARE STATE SHARE	22. ISSUE DATE			23. CLEARANCE REPORT INFORMATION			
		MM	DD	YY	SCO WARRANT NUMBER	ISSUE DATE MM	DD	YY

AGENCY/CAMPUS USE ONLY

24A INITIAL PAID TOTALS

12. FEDERAL TAX WITHHELD	13. STATE TAX WITHHELD	14. STATE DISABILITY INSURANCE SUBJECT GROSS	15. STATE DISABILITY INSURANCE WITHHELD	16. SOCIAL SECURITY SUBJECT GROSS	17. SOCIAL SECURITY WITHHELD	18. MEDICARE SUBJECT GROSS	19. MEDICARE WITHHELD

20. SOCIAL SECURITY STATE SHARE	21. MEDICARE STATE SHARE	25. TOTAL AMOUNT PAYABLE TO STATE CONTROLLER'S OFFICE
		$ 0.00

24B OFFSET TOTALS

12. FEDERAL TAX WITHHELD	13. STATE TAX WITHHELD	14. STATE DISABILITY INSURANCE SUBJECT GROSS	15. STATE DISABILITY INSURANCE WITHHELD	16. SOCIAL SECURITY SUBJECT GROSS	17. SOCIAL SECURITY WITHHELD	18. MEDICARE SUBJECT GROSS	19. MEDICARE WITHHELD

20. SOCIAL SECURITY STATE SHARE	21. MEDICARE STATE SHARE	26. SCO WILL REMIT THIS AMOUNT TO AGENCY/CAMPUS TO REIMBURSE REVOLVING FUND
		$ 0.00

27. *I CERTIFY THAT I am duly authorized by the herein named state agency to make this report and certification; that the data stated herein is correct, complete and in accordance with all laws and regulations, and that all employees listed herein are entitled to the salary payments made and have taken and filed the oaths required by law.*

(ORIGINAL SIGNATURES REQUIRED ON ALL COPIES)

REPORTING OFFICER'S TYPED NAME	
REPORTING OFFICER'S SIGNATURE	DATE SIGNED
NAME OF INDIVIDUAL COMPLETING THIS FORM (Type)	TELEPHONE NUMBER

STATE OF CALIFORNIA - CONTROLLER'S OFFICE

SALARY ADVANCES PAID/OFFSET REPORT

STD. 422 (REV. 08/2005)

FOR COMPLETION INSTRUCTIONS REFER TO PAYROLL PROCEDURES MANUAL (PPM) SECTION N 103-111
FORM MUST BE TYPED - SUBMIT SEPARATE FORMS (STD. 422) FOR EACH TAX YEAR

ITEM 1 - Check appropriate box and enter page numbers (Multiple page reporting not to exceed 10 pages)

A. For initial reports of salary advance complete Items 1 - 22, line 24A, Items 12 - 21 and 25 and Item 27. Submit original and 1 copy to:

STATE CONTROLLER'S OFFICE
DIVISION OF DISBURSEMENTS AND SUPPORT
3301 C STREET
SACRAMENTO, CA 95816-3300 **or**
P.O. BOX 942850
SACRAMENTO, CA 94250-0001

B. For offset reports of salary advance complete Items 1 - 23, line 24B, Items 12 - 21 and 26 and Item 27. Submit 2 copies with original signatures.

C. For package reporting of salary advance complete Items 1 - 22 and 27 for the initial report and 1 - 23 and 27 for the offset. Submit original forms with original signatures.

D. For cancel reports of salary advance complete Items 1 -22, 23 if applicable, 24B if applicable, 26 if applicable and Item 27. Submit 2 copies with original signatures. See PPM Section N 111.

NOTE: If Box B, C or D is checked submit forms with original signatures to:

STATE CONTROLLER'S OFFICE
PERSONNEL/PAYROLL SERVICES DIVISION W-2 Unit
P.O. BOX 942850
SACRAMENTO, CA 94250-5878

ITEM 2 - Enter the employee's CBID.

ITEM 3A - Enter tax year.

ITEM 3B - Enter Agency/Campus name.

ITEM 4 - Enter the employee's Social Security Number.

ITEM 5 - Enter the employee's first/middle initials and surname.

ITEM 6 - Enter the full position number from which the salary advance was issued.

ITEM 7 - Enter appropriate pay period type as follows and month and year for which the salary advance was issued.

PAY PERIOD TYPE

0 = Monthly
1 = Semi-monthly first half
2 = Semi-monthly second half
A-E = For Bi-weekly employees, see PPM Section B 007

ITEM 8 - Enter appropriate payment type. See PPM Section B 002.
NOTE: Do not report payment types 6, K, N or P.

ITEM 9 - Enter appropriate adjustment code as follows:

0 = Original not adjustment
1 = Adjustment of time worked
2 = Adjustment of salary rate
3 = Adjustment of both time worked and salary rate.
4 = Adjustment of time base fraction
5 = Adjustment of both time base fraction and salary rate.
6 = Adjustment to gross.

ITEM 10 - Enter appropriate State Code as follows (see PPM Section B 013):

CA = California
NY = New York
IL = Illinois
BLANK = All Others

ITEM 11 - Enter TAXABLE GROSS of salary advance. See PPM Section H 102. This taxable gross amount includes Flexible benefit/Consolidated benefit cash option, less Deferred Compensation, Tax Sheltered Annuity, pre-tax/flex deductions, Retirement/ Employer Paid Member Contributions (EPMC) amounts and payroll deduction account receivable gross amounts

ITEM 12 - Enter Federal tax withheld per PPM Section H 100.

ITEM 13 - Enter State tax withheld per PPM Section H 100.

ITEM 14 - Enter State Disability Insurance (SDI) subject gross amount of salary advance for employees who are subject to SDI and the maximum contributions have not been withheld. See PPM Section E 801.

ITEM 15 - Enter State Disability Insurance withheld per PPM Section E 801.

ITEM 16 - Enter Social Security subject gross amount of salary advance which includes Flexible benefit/Consolidated benefit cash option, less pre- tax/flex deductions for employees who are subject to Social Security and the maximum contributions have not been withheld. See PPM Section H 250.

ITEM 17 - Enter Social Security withheld per PPM Section H 250.

ITEM 18 - Enter Medicare subject gross amount of salary advance which includes Flexible benefit/Consolidated benefit cash option, less pre-tax/flex deductions for employees who are subject to Medicare. See PPM Section H 270.

ITEM 19 - Enter Medicare withheld per PPM Section H 270.

ITEM 20 - Enter the State share of Social Security per PPM Section H 250.

ITEM 21 - Enter the State share of Medicare per PPM Section H 270.

ITEM 22 - Enter month, day and year salary advance was issued.
NOTE: For multiple page reporting, do not combine different issue years. Submit separate forms of STD. 422 for each issue year.

ITEM 23 - Enter SCO Warrant number and issue date for offset reporting.

ITEM 24A - Initial/Paid Totals: For single page reporting, enter items 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21. For multiple page reporting, not to exceed 10 pages, total the same items for each employee and enter the grand totals on the last page being reported.

ITEM 24B - Offset Totals: Enter Items 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21 on each page.

ITEM 25 - Total Amount Payable to State Controller's Office - for single page reporting, total Items 12, 13, 15, 17, 19, 20 and 21 of line 24A and enter in Item 25. For multiple page reporting, total the same items and enter the grand total on the last page being reported in Item 25. Submit one check for single or multiple page reporting, not to exceed 10 pages. **If the total amount of taxes shown in Item 24A does not match the amount listed in Item 25 and/or warrant amount, both will be returned.** Complete only for Initial Salary Advance.

ITEM 26 - Reimbursement amount - Total Items 12, 13, 15, 17, 19, 20 and 21 of line 24B and enter in Item 26. Complete only for Salary Advance Offsets.

ITEM 27 - Each page **MUST** have typed name, signed with original signature and current date. If the offset is a photocopy with signature and date previously completed, countersign and date the copy.