



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



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

Social Security Number

First Name  Middle  Last Name

**CHANGES REQUESTED (CHECK ALL THAT APPLY):**

<input type="checkbox"/> Marital Status	<input type="checkbox"/> Name Change	<input type="checkbox"/> Home Address	<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Tax Information
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**UPDATED MARITAL STATUS:**

Married       Single

**UPDATED SOCIAL SECURITY NUMBER:**

Social Security Number

**UPDATED NAME INFORMATION:**

New First  New Middle  New Last

**UPDATED HOME ADDRESS:**

Street Address

Apt. No.

City  State

County  Zip Code

**UPDATED TAX CHANGES:** Check one payroll bank to which a tax change should be applied **AND** attach a completed Federal W-4 and/or State IT2104 form.

- Q740Q – Annual Pedagogue (S-Pay Cycle)
- EBANK – ED Paraprofessional (P-Pay Cycle)
- HOURL – Hourly E-BANK (B-Pay Cycle)
- DE470 – Per Session Pedagogue
- DE170 – Per Diem Pedagogue
- HBANK – Administrative Salary
- ZBANK – Administrative Hourly

**IMPORTANT:**  
Please select a payroll bank or your tax request will be denied.

**UPDATED HOME PHONE:**

Home Phone

Area Code

I certify that I have personally completed this application, and everything I have written within is, to the best of my knowledge and belief, true and complete.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Internal Use Only**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Data Entered by \_\_\_\_\_ Date \_\_\_\_\_

Tax Location Code (for home address changes)



# 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, home address, marital status, social security number, home phone number, 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. The effective date for all personal and tax data changes will be the approval date. For name, social security number, and tax information changes, you must submit **COPIES** of the appropriate supporting documentation required by the DOE (see chart below; some supporting documents must be originals). Contact HR Connect directly if you have any questions regarding this form and for all other types of changes to your personal data (see the HR Connect contact information below).

**Follow the instructions below to complete the DOE Personal and Tax Data Change Form:**

1. Use a 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.
3. In the Changes Requested section, select the type of change(s) you are requesting.
4. 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. Mail or Fax this form and **COPIES** of all applicable supporting documentation to HR Connect (see contact information below).
8. Where applicable, it is strongly encouraged that you notify your Union, Retirement, Health Benefits (not for name and address changes), and Transit Check Offices on any changes to your personal data and/or tax withholdings.

Type of Change	Employees must attach a <b>COPY</b> 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)

**HR Connect Contact Information:**

**Address:**  
New York City Department of Education  
Division of Human Resources / HR Connect  
65 Court Street  
Brooklyn, NY 11201

**Fax:** 718-935-3423