DATE: Date

To: Professor Name

Department: Department Name

FROM: One-Stop Financial Services – Service Center

COPIES TO: Judith Benjamin, Controller, Controller’s Office

Kathy Sugiyama, Assistant Controller, Controller’s Office

SUBJECT: Moving/Relocation Expense

In accordance with the State Payroll Procedure Manual, Moving Expenses, Section N147, we have made the following determination of your relocation expenses:

**Reportable – Moving Expenses**

**Qualified Non-Qualified**

**Check Amount Taxable Taxable Description**

XXXXXXX $0.00 $0.00 $

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**Total** $0.00 $0.00 $

Tax Guideline Estimates: Federal tax (22%), State tax (6.6%), Social Security tax (6.2%) and

Medicare tax (1.45%).

The applicable taxes for your reimbursement of $XXX.XX should be included within the next pay period.

Enclosed is IRS form 4782, Employee Moving Expenses Information for your reference.

Please do not hesitate to contact the One-Stop/Travel at travel@calstatela.edu, for further assistance.