

MEMORANDUM

Date: October 13, 1993

To: PERSONNEL MANAGEMENT LIAISONS

Reference Code: 93-69

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

Employee Transportation Coordinators
Personnel Officers
Labor Relations Officers

From: Department of Personnel Administration

Subject: Vanpool Driver Payment Program

In a prior PML memorandum (93-46), the Department of Personnel Administration (DPA) advised State departments that Internal Revenue Service regulations require vanpool drivers to certify that their vans meet specific requirements to receive a tax-free vanpool driver payment. DPA revised the Vanpool Driver Payment Form to include this certification and asked that departments have eligible vanpool drivers sign the form.

We have been advised that employee certifications must include an effective date and Social Security number to enable the State Controller's Office (SCO) to accurately report taxable income on the 1993 W-2 forms. We are, therefore, requiring that all eligible employees recertify their status using the attached Vanpool Driver Payment Form (rev. 10/1/93).

To enable SCO to make timely adjustments to the W-2s, DPA is expediting the process by sending certification forms and instructions directly to employees (copy attached). Employees are required to sign and return the forms to DPA no later than November 15, 1993. Employees who fail to sign and return their certification forms to DPA by the November 15 deadline will not receive an adjusted W-2 from SCO for the 1993 tax year. Failure to complete and return a certification form will result in vanpool driver payments being reported as taxable income on the employee's W-2 form. It will also result in the continued withholding of federal income taxes from vanpool driver payments.

Copies of certification forms that are received directly from employees should be forwarded to DPA. DPA will be accepting facsimile copies of certification forms from personnel offices and employees. Copies of certification forms may be faxed to Sydney Perry, Policy Development Office, at (916) 324-0524 or CALNET 454-0524. Once this process is complete, DPA will forward copies of the completed forms to personnel offices so that their files can be updated.



The certification will remain in effect unless changed by the employee. It is the responsibility of the employees to notify their personnel office if their vanpool driver status changes. SCO will provide instructions to departments on how to process vanpool driver payment transactions.

If you have any questions, please call Sydney Perry at (916) 445-9244 or CALNET 485-9244.

A handwritten signature in cursive script that reads "Peter J. Strom".

Peter J. Strom, Assistant Chief
Policy Development Office

Attachment



MEMORANDUM

To: Eligible Vanpool Drivers

Date: October 13, 1993

From: Department of Personnel Administration

Subject: Vanpool Driver Payment Program

In a prior Personnel Management Liaison (PML) memorandum (93-46), the Department of Personnel Administration (DPA) advised State departments that Internal Revenue Service regulations require vanpool drivers to certify that their vans meet specific requirements to receive a tax-free vanpool driver payment. DPA revised the Vanpool Driver Payment Form to include this certification and asked that departments have eligible vanpool drivers sign the form.

We have been advised that employee certifications must include an effective date and Social Security number to enable the State Controller's Office (SCO) to accurately report taxable income on the 1993 W-2 forms. We are, therefore, requiring that all eligible employees recertify their status using the revised Vanpool Driver Payment Form attached (rev. 10/1/93).

To enable SCO to make timely adjustments to the W-2s, DPA is expediting the process by sending certification forms and instructions directly to employees. Employees are required to sign and return the forms to DPA no later than **November 15, 1993**. Please do not send the forms to your personnel office. Employees who fail to sign and return their certification forms to DPA by the **November 15** deadline will not receive an adjusted W-2 from SCO for the 1993 tax year. Failure to complete and return the certification form will result in vanpool driver payments being reported as taxable income on your 1993 W-2 form. It would also result in the continued withholding of federal income taxes from vanpool driver payments.

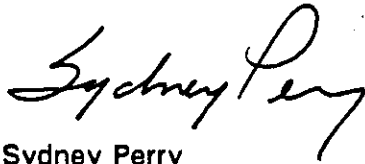
DPA will accept facsimile copies of certification forms from employees. Copies may be faxed to Sydney Perry, Policy Development Office, at (916) 324-0524 or CALNET 454-0524.

The certification remain in effect unless changed by the employee. It is the responsibility of the employees to notify their personnel office if their vanpool driver status changes.



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Attached is a copy of the revised Vanpool Driver Payment Form. Please complete and return the form by November 15, 1993 to Sydney Perry, Policy Development Office, Department of Personnel Administration, 1515 S Street, North Building, Suite 400, Sacramento, California, 95814-7243 or FAX (916) 324-0524 or CALNET 454-0524. If you have any questions, please call Sydney Perry at (916) 445-9244 or CALNET 485-9244.



Sydney Perry
Policy Development Office

Attachment



**STATE OF CALIFORNIA
VANPOOL DRIVER PAYMENT FORM/CERTIFICATION**

To qualify for the vanpool driver payment program established by Executive Order D-73-88, all of the conditions prescribed below must be met. To certify this, initial each condition in the space provided; also provide and initial the other information requested. In addition, read and sign the statement at the bottom of the form.

Initial

1. I am a State employee and commute in a van that regularly carries _____ passengers to and from work. (To qualify, the van must have 7 to 15 regular passengers.) The van has operated since _____.
2. The license number of the van is _____.
3. The owner of the van is _____.
4. I am either the: [initial 4(a) or 4(b)]
(a) only regular driver of the van or
(b) the driver of the van, who is also the van coordinator

I have been 4(a) or 4(b) since _____.
5. To the best of my knowledge, I will be the only participant in my vanpool receiving the \$50 payment under this program.
6. The attached roster of the participants in my vanpool is current and correct.
7. I possess a currently valid California driver's license.
(CDL # _____)
8. I possess a valid medical certificate, as required to operate the van by the Vehicle Code. (For vans that carry 10 or more passengers.)

For Non-State Vans

9. To the best of my knowledge, the van is in safe operating condition.
10. The van is covered by an insurance policy that provides at least the minimum liability coverage required by law. (It is also recommended that employees consult with their insurance carriers regarding the need for additional liability coverage.)

(Over)



IRS Certification

11. I certify that the seating capacity is at least six adults (not including the driver), at least 80 percent of the vehicle's mileage use is for vanpooling between employee residences and work, and the minimum number of adults riding in the van during such trips is at least 50 percent of this van's capacity. _____

12. I certify that as of _____ (month/day/year) I have met the requirements in Item number 11. _____

NOTE: IF YOU ARE CLAIMING CREDIT FOR THE ENTIRE 1993 TAX YEAR, THE EFFECTIVE DATE IN NUMBER 12 ABOVE SHOULD BE DECEMBER 2, 1992.

I am a vanpool driver by personal choice and do not regard van driving as a work assignment by my employer. I certify that my responses to this form are true and correct and will notify my personnel office within 15 days of any changes in the above information. I understand that failure to meet any one or more of the conditions for the program will make me ineligible to receive the vanpool driver payments. I further understand that I will be obligated to return any improperly received payment and that any purposeful misuse of this program is cause for disciplinary action.

Social Security Number

Collective Bargaining Designation (CBD)

Employee Signature

Date

Home Address

() _____
Telephone Number

Work Address

() _____
Telephone Number

PRIVACY STATEMENT

AGENCY NAME: Department of Personnel Administration (DPA).

UNIT RESPONSIBLE FOR MAINTENANCE: Policy Development Office, 1515 S Street, North Building, Suite 400, Sacramento, California 95814-7243.

PURPOSE: The information you furnish will be used to adjust withholdings of your 1993 W-2 form.

PROVIDING INFORMATION: Participation in the Vanpool Driver Payment Program is voluntary. If you choose to participate, it is required that the information requested on the Vanpool Driver Payment Form/Certification be provided.

ACCESS: Your completed Vanpool Driver Payment Form/Certification submitted to the DPA becomes confidential information and the property of DPA. Due to its confidential nature, such information will not be returned. Only governmental appointment authority and the State Controller's Office authorized personnel directly involved in the process will be allowed access.



