

INSTRUCTIONS CG-2015

***PLEASE PROVIDE A VOIDED CHECK**

ATTACHED TO THE FOLLOWING FORM

- Leave the “**EMPLID**” box empty, you will obtain an Employee ID when you are at the CG Academy
- Fill out the “**Name**” box with the format: Last Name, First Name, Middle initial
- “**Permanent Unit**” box should be pre-filled out
- “**Routing Transit Number**” – Routing number for your bank
- “**Account Number**” – Put your account number. Please **DO NOT** put the “Check Digit” number, only your account number will be filled out in this section
- “**Account Title**” Put your name
- “**Financial Institution**” – Put the name of your bank

Sign the form on the second page.

U.S. DEPARTMENT OF
HOMELAND SECURITY
U.S. Coast Guard
CG -2015 (Rev. 02-10)

PAY DELIVERY WORKSHEET

EMPLID

Name (Last, First, MI)

Permanent Unit

CG ACADEMY

Purpose: Use this form to indicate where you want your net pay to be delivered. Active Duty, retirees, annuitants, recruits, and reservists are required to have their pay delivered by Direct Deposit/Electronic Fund Transfer (DD/EFT). If a member is on direct deposit and a pay delivery problem occurs, PPC can normally correct the problem and make payment within 48 hours.

Direct Deposit

Type of Account



Checking



Savings

Submit one of the following:

- FMS Form 2231 (FASTSTART)
- SF 1199A
- account deposit slip
- voided check
- or enter direct deposit account information below (see reverse for instructions)

Routing Transit
Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Check Digit

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Title

(Account Holder's Name)

Financial Institution Name

Check mailing address (complete only if a waiver of mandatory direct deposit is approved).

Street/Rural Route/P.O. Box

15 MOHEGAN AVE CHASE HALL BOX #

City, State, Zip Code

NEW LONDON, CT 06320



Accrue my net pay at PPC

(submit a new worksheet when this option is no longer desired)

DIRECT DEPOSIT ACCOUNT INFORMATION

Use the example below as a guide to record the proper information in the appropriate blocks located on the front of this worksheet.

Name of Depositor-3	101	
Street Address		
City, State	_____20__	
Pay To The Order Of:		
_____	\$ _____	
_____	Dollars	
Name of Your Bank-4		
Payable Through Another Bank-5		
For _____		
:021001082:	123 456 789!!	0101
Routing Number-1	Account Number-2	Check Number

1. **ROUTING TRANSIT NUMBER** – This is a 9-digit number. Here you would put “021001082”
2. **ACCOUNT NUMBER** - Here you would put “123456789” **Note: A maximum of 14 characters used for number. DO NOT add a dash symbols or blank spaces.**
3. **ACCOUNT TITLE** - (must include member’s name)
4. **FINANCIAL INSTITUTION NAME**
5. If your check or deposit slip includes “payable through” under the bank name, contact the financial institution to help obtain the correct Routing Transit Number.

PRIVACY ACT STATEMENT

In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard:

Authority - 31 USC Section 3332.

Principal Purpose(s) - Used to indicate desired pay delivery method.

Routine Use(s) - Same

Disclosure - Disclosure of this information is voluntary, but without disclosure member’s pay may be distributed incorrectly.

Member’s Signature	Date:	For SPO Use Only	
Command Approval	Date:	Action Completed Date: _____	Initials: _____

Initial Clothing Allowance (ICA) Loan

❖ The ICA is an advance to cover the cost of the Cadets initial clothing and equipment issue, which is deducted from the Cadet's monthly pay over a period of 24 months.

❖ There are two issuances,

July/August not billed until September/October.

September-November not billed until December.

❖ Each issuance consists of two pots of money indicated as "ADV ICA PBCK" on the cadets Leave and earnings statement;

CG Exchange 1 & Clothing Locker 1

CG Exchange 2 & Clothing Locker 2

❖ Cadets may apply outside funding that is intended to reduce the balance of their ICA Loans. Authorized funds include personal checks, public and private scholarships, and college savings plans such as 529 plans. Funds for the incoming class should not be sent prior to September of their first academic year. This allows for ICA Loan accounts to be built and eliminates the need to hold un-deposited checks. Please keep in mind that most checks expire within 60-90 days!

❖ All outside funding intended to reduce ICA Loan balance should be made payable to the "US Coast Guard Academy" and mailed to the following address:

US Coast Guard Academy
Attn: Comptroller Cadet Finance (SF)
15 Mohegan Ave.
New London, CT 06320

❖ Scholarships – Must not be earmarked for tuition, or room & board, for no such fees are charged by the United States Coast Guard Academy.

❖ 529 Plans - CHECK WITH YOUR STATE FIRST. Must not be earmarked for tuition, or room & board, for no such fees are charged by the United States Coast Guard Academy.

All checks should be accompanied by a short memo stating the Cadets Cadet's First & Last name, Emplid(if known), and class.

For other than 4th Class Cadets (4/C).

❖ Cadets must check with Cadet Admin to determine if they still have a balance on their ICA Loans. If no ICA Loan balance exists, we *cannot* accept any outside funding to include personal checks, public and private scholarships, and college savings plans such as 529 plans.

For more information please contact;

Sean Geisman

Sean.geisman@uscg.mil

860-444-8265

STATE OF LEGAL RESIDENCE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 50 U.S.C 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/>. M01040-3, Marine Corps Manpower Management Information System Records, located at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>.

DISCLOSURE: Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.

1. NAME (Last, First, Middle Initial)

2. DOD ID NUMBER

3. LEGAL RESIDENCE/DOMICILE (City or county and State)

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

4. SIGNATURE OF APPLICANT

5. CURRENT MAILING ADDRESS (Include Zip Code)

6. DATE (YYMMDD)

DD FORM 2760 INSTRUCTION

BOX 1: Please circle the options that applies to you Yes, No, or I don't know if you have been convicted of a crime of domestic violence. Please initial and date in the same box.

Please fill out the remaining boxes in section 3.

QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

EXAMPLE

PRIVACY ACT STATEMENT

AUTHORITY: 18 U.S.C. 922(g)(9); E.O. 9397.

PRINCIPAL PURPOSE(S): To obtain information to determine if you have been convicted of a crime of domestic violence which would disqualify you from shipping, transporting, possessing or receiving either Government-issued or private firearms or ammunition and to determine if reassignment, reclassification, detail or other administrative action is warranted. Your Social Security Number is solicited solely for purposes of verifying your identity.

ROUTINE USE(S): To the Department of Justice so that such information can be included in the National Instant Criminal Background Check System which may be used by firearm licensees (importers, manufacturers or dealers) to determine whether individuals are qualified to receive or possess firearms and ammunition.

DISCLOSURE: Mandatory for all personnel who are required to certify. Failure to provide the information may result in (1) (military only) the imposition of criminal or administrative penalties for failing to obey a lawful order, and (2) (civilian only) the imposition of administrative penalties, to include removal from Federal service. However, neither your answers nor information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9), including (military only) prosecutions under the Uniform Code of Military Justice, based on a violation of Section 922(g)(9), for conduct which occurred prior to the completion of this form. The answers you furnish and any information resulting therefrom, however, may be used against you in a criminal or administrative proceedings if you knowingly and willfully provide false statements or information.

SECTION I - INSTRUCTIONS

An amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

The Department of Defense has, by policy, expanded the prohibitions contained in Title 18 Section 922(g)(9) to those military or civilian personnel who have felony convictions for crimes of domestic violence. Convictions of crimes of domestic violence do not include summary court-martial convictions, the imposition of nonjudicial punishment (Article 15, UCMJ), or deferred prosecutions (or similar alternative dispositions) in civilian courts. Furthermore, a person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction of the Gun Control Act unless all of the following elements are present:

- (1) the person was convicted of a crime;
- (2) the offense has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
- (3) the convicted offender was at the time of the offense:
 - (a) a current or former spouse, parent or guardian of the victim,
 - (b) a person with whom the victim shared a child in common,

- (c) a person who was cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or
- (d) a person who was similarly situated to a spouse, parent, or guardian of the victim;
- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
- (5) if entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
- (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

If you have ever received a domestic violence conviction: (1) you may not possess any firearm or ammunition; and (2) you must return any Government-issued firearm or ammunition to your commander or immediate supervisor; and (3) you must take steps to relinquish possession of any privately owned firearms or ammunition. Furthermore, any previously issued authorization to possess a firearm or ammunition is revoked.

If you have any questions, or you are uncertain if you have such a conviction, you may wish to contact a legal assistance attorney, if eligible, or a private attorney, at your own expense.

SECTION II - QUALIFICATION INQUIRY *(Complete and return to your commander or immediate supervisor within 10 days of receipt)*

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE AS DESCRIBED ABOVE: *(Initial and date)*

YES	NO	JAC 1/1/21	I DON'T KNOW <i>(Provide explanation on reverse)</i>
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2. IF YOU ANSWERED "YES" TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:

a. COURT/JURISDICTION	b. DOCKET/CASE NUMBER
c. STATUTE/CHARGE	d. DATE SENTENCED (YYYYMMDD)

3. CERTIFICATION. I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice. I further understand that I have a continuing obligation to inform my Commander or Supervisor should I be convicted of a crime of domestic violence in the future.

a. NAME <i>(Last, First, Middle Initial)</i> COASTIE, JOE A.	b. RANK/GRADE CADET	c. SOCIAL SECURITY NUMBER 123-45-6789
d. ORGANIZATION U.S. COAST GUARD	e. SIGNATURE <i>JOE A. COASTIE</i>	f. DATE SIGNED <i>(YYYYMMDD)</i> 20210101

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial JOE C.	Last name COASTIE	(b) Social security number 123-45-6789
	Address 123 HOME STREET		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code CITY, STATE ZIP CODE		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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