



Payroll Mailing Information Sheet

INSTRUCTIONS

- Complete all three address fields below
- Forward to Division Payroll for processing

NOTE: This does NOT replace the EDP-16 for address and status changes. For those moving in or out of New York City or Yonkers, a W-4 Federal tax form and IT-2104 State tax form must also be updated.

_____	_____	_____
LAST NAME	FIRST NAME	MI
_____	_____	_____
XXX - XX -	N	
SOCIAL SECURITY NO. (Last four digits only)	NYS EMPLID NO. (Located on pay stub)	
_____	_____	
CONTACT NO.	TROOP / STATION	

RESIDENCE ADDRESS
 (THIS CANNOT BE A P.O. BOX)

COUNTY (REQUIRED)

MAILING ADDRESS

CHECK MAILING ADDRESS

Signature _____

Date _____