OFFICE OF STATE UNIFORM PAYROLL

CERTIFICATION OF OVER COLLECTED TAXES

|  |  |  |
| --- | --- | --- |
|       |  |       |
| (Name of Employee) |  | (Personnel Number) |
|  |  |  |
|       |  |       |
| (Name of Agency) |  | (Agency Number) |

I certify that I have received a repayment of $      as over collected Social Security and/ or Medicare taxes for tax year(s)      . I have not claimed a refund of or credit for the over collected taxes from the IRS, or if I did, that claim has been rejected. I will not claim a refund or a credit of this amount from the IRS.

|  |  |  |
| --- | --- | --- |
| Employee Signature |  | Date |

Please fax to the Wage and Tax Administration Unit at (225) 342-1650.

cc: Employee Administrator

 W-2c packet