

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