

FICA Claim Certification

EMPLOYEE INFORMATION

Name: _____ SSN: _____

Calendar Year: _____

- Check Cancellation (Check/Direct Deposit)
- Partial Net Recovery Partial Gross Recovery
- Tax Refund Record Adjustment

EMPLOYING AGENCY

Telephone Number: _____ Date: _____

Agency 6-digit Code: _____ Agency Name: _____

Authorized by (Print): _____ Title: _____

Signature (Required): _____

REPORTING AGENCY

Central Payroll Bureau
Accounting & Reporting Unit
PO Box 2396
Annapolis, MD 21404

The Internal Revenue Service (IRS) requires all employers to obtain written consents from employees who receive FICA tax credits from their employers [i.e. social security, Medicare, and/or MQGE]. The adjustment may be a result of a reimbursed overpayment, check cancel, wage correction, or tax refund that reduces the employee's FICA wages/taxes. Also, the adjustment requires Central Payroll Bureau (CPB) to provide a W-2 correction (W-2c) when the adjustment is for a prior calendar year. To comply with IRS' requirement; please read the next paragraph and sign.

Based on my agency's request and CPB's verification, a FICA credit or refund will be processed in the amount of _____ on my behalf. If this is for a prior calendar year, CPB is responsible for providing me a W-2c. In addition, CPB will report all prior year corrections to the Social Security Administration and IRS on my behalf. I have not claimed a refund/credit for the over-collected taxes from the IRS; and if I did, that claim was rejected.

Employee Signature: _____

Date: _____