

MEMORANDUM

TO: Office of the State Controller-
Payroll section

FROM _____/
Agency Name/Number

SUBJECT: Over Collection of Social Security and Medicare
Taxes Due to wage adjustment(s).

The purpose of this memorandum is to certify that I have not claimed and will not claim a refund or a credit for the amounts of the Social Security and Medicare Tax over collections caused by the wage adjustments on my W-2c. Listed below are the adjustment amounts.

EMPLOYEE NAME _____

EMPLOYEE SOCIAL SECURITY NUMBER _____

REFUND YEAR _____

	WAGES SUBJECT	TAX AMOUNT
Social Security (OASDI) <small>(NOTE - WAGES SUBJECT X 6.2% = TAX AMOUNT)</small>	\$ _____.	\$ _____.
Medicare Wages (HI) <small>(NOTE - WAGES SUBJECT X 1.45% = TAX AMOUNT)</small>	\$ _____.	\$ _____.
Total Tax Adjustment		\$ _____.

(Employee Signature)