



WILLIAM & MARY

CHARTERED 1693

REPAYMENT OF OVERPAID WAGES – FICA RELEASE FORM

Complete and Return Agreement to:

Payroll Services

1314 S. Mt. Vernon Avenue

Williamsburg, VA 23185

(757)221-2848

(Please Print)

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PHONE NUMBER: _____

PERIOD OF WITHHOLDING: _____

GROSS WAGE OVERPAYMENT: _____

FICA REFUND APPLIED: _____

I, _____, authorize my employer, The College of William and Mary, EIN 54-6001718, to claim a refund for the overpayment of the employee share of Social Security and/or Medicare taxes withheld from wages paid in error. I also certify that I have not, nor will I, make any claims for refund or credit of the over-collection of these taxes from the IRS.

The employer named above certifies that the employee will be credited for the full amount of the taxes overpaid to the extent that it is refunded by the IRS.

I declare, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

Signature _____

Date _____

Do Not Write Below This Line

Refund Issued: _____

W2-C Issued: _____

Check Number: _____

Check Amount: _____