

**Request for Prior Year Employee
Social Security and/or Medicare Tax Correction**

Tax Year requested: _____

Name (printed): _____

Social Security Number: _____

Please initial next to each statement and provide your signature on the line below:

_____ I have not claimed a refund or credit for overcollection from the Social Security Administration or if I have filed such a claim; it has been rejected; and

_____ I will not claim a refund or credit of such amount.

I authorize Indiana University to apply for a refund of my portion of the Social Security and Medicare tax. Indiana University has already issued a refund to me for this amount or will be issuing a refund upon receipt of this signed certification.

Under penalties of perjury, I certify the above information is correct.

Signature: _____

Date: _____