Security and Medicare taxes.

PLEASE NOTE:

This completed form must be returned to, and retained by, the Agency payroll office for four (4) years and be made available upon request by the Office of the State Comptroller.

NYS Employer ID#: 14-6013200

PRIOR YEAR SOCIAL SECURITY AND MEDICARE TAX REFUND CERTIFICATION

| Section A: The Agency is required to complete the following section before issuance to the employee. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------|---------------|
| Agency Code: | | Tax Year: | W-2c Batch #: |
| Employee Name: | FIRST | MIDDLE | LACT |
| | | | by Agency): |
| Amount of Tax Refund: | | | |
| Reason for Refund: | | | |
| | | | |
| | | | |
| Section B: The employee is required to complete the following section and return it to their Agency payroll office by the form due date above. The Agency must then update the NYS Payroll System as required by OSC. I, | | | |
| I give my consent to my employer to file a refund claim on my behalf for refunds of overpaid Social Security and Medicare taxes withheld from my wages for the reason(s) identified above. IRS regulations prohibit employers from claiming a refund on behalf of an employee for any overpaid Additional Medicare Tax. Failure to respond with a completed AC3206 by the due date required will be considered a refusal of consent. | | | |
| I declare, under penalties of perjury, that I have examined the above statements and information and to the best of my knowledge and belief they are true, correct, and complete. | | | |
| Employee Signature: | | | Date: |
| Address:Phone: | | | |
| Notice to Employee: Due to the complexity of income tax laws the employee may wish to seek advice or help from | | | |

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
BUREAU OF STATE PAYROLL SERVICES
110 STATE STREET, ALBANY, NY 12207

the Internal Revenue Service or a tax professional regarding the tax implication of receiving this refund of Social