STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
BUREAU OF STATE PAYROLL SERVICES
CUNY Employer ID#: 13-3893536

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   LAST

NYS EMPLID: _____   Form Due Date (determined by Agency): _____

Amount of Tax Refund:_____

Reason for Refund: ☐ Workers' Comp   ☐ Nonresident Alien   ☐ Other – Explain:

_____

_____

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,_____ , certify that I have not made any previous claims (that were rejected or otherwise) and will not make any future claims for refund or credit of the amount of the overcollection with the Internal Revenue Service, of the Social Security and Medicare taxes over withheld and reported for the tax year and reasons(s) identified above by my employer.

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 the Internal Revenue Service or a tax professional regarding the tax implication of receiving this refund of Social Security and Medicare taxes***.

Notice to Agencies:
This form must be retained in the Agency payroll office for four (4) years and be made available upon request by the Office of the State Comptroller. Please contact the OSC tax and compliance team with any questions.