AC3206-A (12/16)

STATE OF NEW YORK

OFFICE OF THE STATE COMPTROLLER
BUREAU OF STATE PAYROLL SERVICES
110 STATE STREET, ALBANY, NY 12207
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 ☐ 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.*

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 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 Social Security and Medicare taxes withheld from my wages that are now considered exempt for the reason(s) identified above. Failure to respond with a completed AC3206 by the due date above 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***.

PLEASE NOTE:
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.