



**Repayment of Overpaid Wages—FICA Release Form**

Full Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Period of Withholding: \_\_\_\_\_ Gross Wage Overpayment: \$ \_\_\_\_\_

FICA Refund Applied: \$ \_\_\_\_\_

I, \_\_\_\_\_, authorize the University of the South, EIN 62-0475697, 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 University of the South 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: \_\_\_\_\_