



Employee Statement on FICA Tax Refund or Credit

Employee Name: _____	
Employee Title: _____	
Employee Address: _____	
Email Address: _____	
Phone #: _____	A #: _____
Assignment Begin Date: _____	Assignment End Date: _____
Visa Type: _____	

I hereby certify that I have not claimed and will not claim a refund or credit for the overcollection of Social Security and Medicare tax from the IRS.

Print Name

Date

Signature of Employee

Date