



Loyola University of Chicago | FEIN: 36-1408475
Payroll Services
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CONSENT TO COLLECT OVERPAYMENT OF FICA TAXES

Based upon information recently received, we have confirmed that an excess of Social Security and/or Medicare taxes (FICA) were withheld from your earnings for tax year _____. As a result, the amount of tax to which you are entitled to a refund is: _____. The basis for this claim is the following:_____

We will pursue a refund of the FICA tax overpayment on your behalf. However, in order for our office to do so, your consent is required. Please carefully read the options below and select the one to which you consent.

Note: *If you select Option 2, you will receive either a revised IRS Form W-2 or a Form W-2C (Corrected Wage and Tax Statement) showing corrected Social Security and Medicare tax amounts. We will also process a refund check to you for the overpaid Social Security and Medicare Taxes.*

OPTION 1

I do **NOT** give my consent to Loyola University Chicago to proceed on my behalf to request a refund of my share of the overpaid Social Security and Medicare taxes for payments made to me.

OPTION 2

I hereby give my consent to Loyola University Chicago to proceed on my behalf to request a refund of my share of overpaid Social Security and Medicare taxes for all relevant tax years where payments were made to me. I acknowledge that my employer is not authorized to claim a refund on my behalf of any overpaid "Additional Medicare Tax". I certify that I have not claimed, and will not claim in the future, a refund or credit of the amount of the over-collection on my personal income tax return or other method directly with the Internal Revenue Service (IRS).

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

Print Name

Social Security Number

Full Mailing Address

Relevant Tax Year

Phone Number / Email