



OFFICE OF THE COMPTROLLER

FEDERAL TAX REFUND REQUEST

INSTRUCTIONS: Please complete, sign and submit this form to request a Federal tax refund from the Office of the Comptroller. Departments must submit one Federal Tax Refund Request form for every tax year the employee is due a refund. Please keep a copy of this form in the employee's personnel file at your department's payroll office for auditing purposes.

Employee Information	
Full Name	ID Number
Employee Record Number	Department Code 3 – Character Department Code
Department Contact Information	
Full Name Name of Person Filling Out this Form	Phone Number

Federal Tax Refund Request	
Amount of Tax Refund	
If refund is for the current tax year, check this box and indicate the tax year in the space provided below:	
Current Tax Year	For the Tax Year
Departments must include a screen print of the employee's tax year-to-date balance with each current tax year request. The year-to-date tax balance can be found in the HR/CMS Tax Balance panel under US Federal, tax class Withholding. (Navigation: Go/Compensate Employees/Maintain Payroll Data/Inquire/Tax Balances).	
If refund is for a prior tax year, check this box and indicate the tax year in the space provided below:	
Prior Tax Year	For the Tax Year
Departments must include completed Forms W-2C and W-3C with each prior tax year request.	
Reason for Refund Please indicate the reason why the Federal tax refund is being requested	



OFFICE OF THE COMPTROLLER
FEDERAL TAX REFUND REQUEST

Signatures

The undersigned agree that a federal tax refund is owed to the employee for the tax year and amount indicated on this form.

The Employee, under penalties of perjury, certifies that he/she has not and will not claim a refund or credit for the overpaid Federal taxes on their personal income taxes for the tax year indicated on this form.

The Department Payroll Director, under penalties of perjury, certifies that the amount of the refund is true and accurate, and employee is indeed entitled to this refund.

Employee Signature

Date

Department Payroll Director Signature

Date