



OFFICE OF THE COMPTROLLER

MEDICARE TAX REFUND REQUEST FORM

INSTRUCTIONS

Please complete, sign and submit this form to request a Medicare tax refund from the Office of the Comptroller. Departments must submit one Medicare 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.

Please submit completed form and required documentation **through encrypted email** to statewidepayroll@mass.gov.

Contact Information	
Employee Name	Employee ID #
Employee SSN (Last 4 Digits)	Employee Record Number
Department Contact Name	Department
Email	Phone

Medicare Tax Refund Request	
Total Amount of Medicare Wages Enter total amount of Employee's Medicare Wages	\$
Amount of Medicare Tax Refund (1.45% of wages) Calculate 1.45% of Employee's Medicare Wages	\$
<p><input type="radio"/> The refund is for the current tax year: _____ Departments must include a screen print of the employee's Medicare 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 tax class FICA Med Hospital Ins/EE. (Navigation: Menu > Payroll for North America > Periodic Payroll Events USA > Balance Reviews > Taxes)</p> <p><input type="radio"/> The refund is for a previous tax year: _____ Departments must include completed Forms W-2C and W-3C for each prior tax year request through EOTSS ServiceNow > HRCMS Services.</p>	
Reason for Refund Please indicate the reason why the Medicare tax refund is being requested	

Signatures	
<p>The undersigned agree that a Medicare tax refund is owed to the employee for the tax year and amount indicated on this form.</p> <p>The Employee, under penalties of perjury, certifies that he/she has not and will not claim a refund or credit for the overpaid Medicare taxes on their personal income taxes for the tax year indicated on this form.</p> <p>The Department Payroll Director, under penalties of perjury, certifies that the employee requesting the refund was hired by a Commonwealth employer prior to April 1, 1986, has had no break in service during their employment with the Commonwealth, and therefore is exempt from Medicare tax withholding for the tax year indicated on this form.</p>	
Employee Signature	Date
Department Payroll Director Signature	Date