



**OREGON STATEWIDE
PAYROLL SERVICES
(OSPS)**

(503) 378-3518 fax

E-mail:

OSPS.Help@oregon.gov

Online Resource Center:

<http://go.usa.gov/bEJk>

**INSTRUCTIONS TO
EMPLOYEES:**

Complete this form online
at <http://go.usa.gov/BVNG>

1. Print and give to your
agency payroll office.

**INSTRUCTIONS TO
PAYROLL OFFICES:**

1. Collect employee
certification signature.
2. Retain for your records.
3. Mark the related
checkbox on the
Request for Corrected
W-2 form.

For Agency Use
Received Date Stamp

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TAX REFUND CERTIFICATION

Use this form to document the employee's choice for receiving a refund of social security and Medicare taxes resulting from a Corrected W-2.

Agency No.	Employee SSN _____ - _____ - _____	Employee Name
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Corrected W-2 Detail

	Tax Year Being Corrected		
	Original Amount	Corrected Amount	Difference
Social Security Tax			
Medicare Tax			
TOTAL REFUND			

Employee Certification

I choose to collect the social security and Medicare tax refund due to me as outlined above by (choose one):

- Filing a claim for refund directly with the Internal Revenue Service

 **STOP!** If you checked the option above, do not complete the rest of this form. You are not eligible for direct payment by your employer.

- Receiving a check from the State of Oregon

→ Complete and sign the certification statement below:

I certify that I choose to receive payment for the over-collected taxes outlined above directly from my employer. I have not and will not file a claim with the Internal Revenue Service for recovery of this refund.

Signature: _____ Date: _____

Authority

The Internal Revenue Service requires employers to obtain certification from employees regarding the treatment of over-collected taxes.

Relevant Language:

"...you received written statements from the employees stating that they did not and will not receive a refund or credit for the prior year taxes." -- Instructions for Form 941X, Page 4.

Find this information online at: <http://www.irs.gov/pub/irs-pdf/i941x.pdf>