



**EMPLOYEE REQUEST FOR REFUND OF
WITHHELD SOCIAL SECURITY TAXES**

Employee Name: _____
(Please Print)

Employee ASU ID No.: _____

I, _____, certify that I have not
(Print Name)
applied for and will not seek a refund or credit for the over-collected amount from the
Internal Revenue Service, or any refund or credit already sought has been rejected.

I understand that Arizona State University will apply for this refund on my behalf,
and then will refund to me the amount over-withheld when it is received.

Date: _____ **Contact**
Telephone: _____

Signed this day, in complete understanding:

(Signature)