

FICA CLAIM CERTIFICATION

The Internal Revenue Service (IRS) requires all employers to obtain a FICA Claim Certification Form from employees who receive FICA tax credits from their employers [i.e. social security, Medicare, and/or MQGE]. The adjustment may be a result of a reimbursed overpayment, check cancel, wage correction, or tax refund that reduces the employee's FICA wages/taxes. Also, the adjustment requires Central Payroll Bureau (CPB) to provide a W-2 correction (W-2c) when the adjustment is for a prior calendar year.

Prior Calendar Year – Things to Know!

Agency: Regarding credits, CPB will not forward the employee portions of FICA taxes to the agency *without* the certification form [i.e. check cancels and net recoveries]. For check cancellations, CPB will process supplemental R*STARS charges to recover the FICA taxes.

Employee: Regarding refunds, CPB will process the W-2c to reflect the reduction in FICA wages/taxes. The data will be reported to the Social Security Administration as required. CPB *will not* disburse the actual employee FICA tax refund *without* the FICA Claim Certification form. In the absence of this form, it will be the employee's responsibility to directly contact the IRS to obtain their refund.

What Next?

After the agency determines that an adjustment will result in a FICA wage reduction, they are to complete a FICA Claim Certification form. It is optional for current calendar year transactions; however, it is **mandatory for prior calendar year adjustments** resulting in W-2cs. The absence of the form will result in incomplete agency credits and/or denial of employee tax refunds.

Finally, the completed form must be forwarded to Central Payroll Bureau [along with the adjustment request]. The employee's record will be updated and the taxing authorities will be notified of changes to the previously reported W-2 information. (See Instructions for completing the form).



For questions concerning the process, please contact the Central Payroll Bureau – Accounting & Reporting Unit at (410) 260-7964.

INSTRUCTIONS

The following sections **must be completed**:

Employee Information

The employing agency must provide the employee's name, social security number, calendar year of adjustment, and select the type of adjustment.

Employing Agency

The employing agency is where the employee was actually paid. They must provide the name of the person who is authorized to submit the changes and their contact information.

Reporting Agency

Central Payroll Bureau (CPB) is the only authorized agency for FICA tax reporting purposes. The employing agency must insert the anticipated FICA credit amount. The employee is to read the FICA claim statement, sign, and date. This declaration will be retained as official documentation at CPB. Please note that this form is to accompany the related adjustment request [e.g. check cancel, refund/recovery, adjustment, etc.].

FICA Claim Certification

① **EMPLOYEE INFORMATION**

Name: _____ SSN: _____

Calendar Year: _____

- Check Cancellation (Check/Direct Deposit)
 Partial Net Recovery Partial Gross Recovery
 Tax Refund Record Adjustment

② **EMPLOYING AGENCY**

Telephone Number: _____ Date: _____

Agency 6-digit Code: _____ Agency Name: _____

Authorized by (Print): _____ Title: _____

Signature (Required): _____

③ **REPORTING AGENCY**

Central Payroll Bureau
Accounting & Reporting Unit
PO Box 2396
Annapolis, MD 21404

The Internal Revenue Service (IRS) requires all employers to obtain written consents from employees who receive FICA tax credits from their employers [i.e. social security, Medicare, and/or MQGE]. The adjustment may be a result of a reimbursed overpayment, check cancel, wage correction, or tax refund that reduces the employee's FICA wages/taxes. Also, the adjustment requires Central Payroll Bureau (CPB) to provide a W-2 correction (W-2c) when the adjustment is for a prior calendar year. To comply with IRS' requirement; please read the next paragraph and sign.

Based on my agency's request and CPB's verification, a FICA credit or refund will be processed in the amount of _____ on my behalf. If this is for a prior calendar year, CPB is responsible for providing me a W-2c. In addition, CPB will report all prior year corrections to the Social Security Administration and IRS on my behalf. I have not claimed a refund/ credit for the over-collected taxes from the IRS; and if I did, that claim was rejected.

Employee Signature: _____

Date: _____

① **EMPLOYEE INFORMATION**

- **Name** – the employee’s name as indicated on the payroll check or direct deposit advice.
- **SSN** – the employee’s social security number as indicated on the payroll check or direct deposit advice.
- **Calendar Year** – the year of this correction; one (1) form per year required.
- **Correction Type** – the agency can only select one (1) type.
 - **Check Cancellation** – full pay net recovery or entire payroll check
 - **Partial Net Recovery** – less than full pay minus related taxes
 - **Partial Gross Recovery** – less than full pay without factoring taxes
 - **Tax Refund** – employee tax refunds
 - **Record Adjustment** – correction that reduce FICA wages

② **EMPLOYING AGENCY**

- **Telephone #** – agency contact number to call, if there are any questions.
- **Date** – the date the agency certified the form.
- **Agency 6-digit Code** – the agency six-digit payroll code.
- **Agency Name** – the name of the local agency submitting the form.
- **Authorized by** – the agency must **print/type** the name of the person authorizing the form.
- **Title** – the title of the person authorizing the form.
- **Signature** – the signature of the person authorizing the form; all forms **without** a signature will be **rejected** by Central Payroll Bureau.

③ **REPORTING AGENCY**

- **FICA Amount** – employing agency must enter anticipated FICA refund/credit.
- **Employee Signature** – required to allow CPB to properly credit agency or process refund.