



West Virginia University

Payroll, Tax and Employee Data Services

Refund of Tax Withholding

Refund Claim Statement

I am requesting that the FICA, Medicare, federal and/or state withholding tax that was over withheld from my ___/___/20___ (insert date) paycheck be refunded to me in full...

If the refund is for a prior calendar year, I understand as per IRS Reg. §31.6402(a)-2(a)(2) that West Virginia University, as my employer, must obtain this written statement from me certifying that I have not filed a claim for a refund of or credit for these taxes.

Name : _____
Date: _____
Social Security Number: _____
Signature: _____
Address: _____

Please mail form to: West Virginia University
Tax Services
PO Box 6005
Morgantown, WV 26506-6005

For Completion by Tax Services:

Refund Amount: _____ Refund Tax Year: _____ Refund Date: _____
Tax Affected & Amount: Federal _____ State _____
FICA _____ Medicare _____