

**Employee Consent Form- Medical Resident FICA Refund Claim  
(Hospital)**

Social Security Number \_\_\_\_\_

Employee Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mi) \_\_\_\_\_  
(If you have changed your name because of marriage, divorce etc., enter the name used when you were a medical resident)

Address: \_\_\_\_\_

City, State \_\_\_\_\_ Zip code \_\_\_\_\_

*Note: If foreign address, enter the information in the following order: city, province or state and country. Follow the country's practice for entering the postal code. Please do not abbreviate the country name.*

**For each year shown below:**

Check **“Yes”**, if you authorize HOSPITAL to collect the refund on your behalf and forward it and other appropriate documentation to you.

Check **“No”**, if you do not authorize HOSPITAL to collect the refund on your behalf, or you were not eligible for a refund (not a medical resident) for that period.

2001 \_\_\_ Yes \_\_\_ No // 2002 \_\_\_ Yes \_\_\_ No //

2003 \_\_\_ Yes \_\_\_ No // 2004 \_\_\_ Yes \_\_\_ No 1<sup>st</sup> quarter of 2005 \_\_\_ Yes \_\_\_ No

For each year I checked **“Yes”** above:

-I have not claimed and will not claim a refund or credit from the IRS for any over-collected FICA taxes from wages paid for services performed as a medical resident, or if I have, the claim was rejected.

-I did not receive a FICA tax refund or credit because of earning in excess of the social security wage base on my Federal income tax return (e.g. Form 1040)

-I understand that my Social Security earnings record will be corrected to reflect zero wages earned as resident for tax periods for which I received a refund. I understand that removing these wages could affect my eligibility to or the amount of future Social Security benefits.

-I give my consent to HOSPITAL to file a Medical Resident FICA refund Claim on my behalf for refunds of FICA taxes that HOSPITAL withheld from my wages for services I performed as a medical resident.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Keep a signed copy of this consent form for your records.

Return your signed consent form in the enclosed SASE by \_\_\_\_\_