

**Request for Prior Year
Social Security and/or Medicare Tax Refund**

Tax Year the refund is requested for: _____

Name (printed): _____

Social Security Number: _____

Please initial next to each statement and provide your signature on the line below:

- I have not claimed a refund or credit for social security tax withheld from the Social Security Administration or if I have filed such a claim; it has been rejected; and

I will not claim a refund or credit of such amount.

I authorize Purdue University to apply for a refund of my portion of the Social Security and Medicare tax. Purdue University has already issued a refund to me for this amount or will be issuing a refund upon receipt of this signed certification.

Under penalties of perjury, I certify the above information is correct.

Signature: _____

Date: _____