Sample Employee Consent Form

Social Security Number: _____

Employee name: _____
Last, first and middle initial

Prior name: _____
If you changed your name because of marriage, divorce, etc., enter the name used when you were a medical resident.

Address: _____ | _____
Number and street or P.O. box number | Apt. No

_____ | _____ | _____
City, town or post office | 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 [EMPLOYING ORGANIZATION] to collect the refund on your behalf, or "No" if you do not authorize [EMPLOYING ORGANIZATION] to collect the refund on your behalf, or you are not eligible for a refund.

1995	☐ Yes	☐ No	1996	☐ Yes	☐ No	1997	☐ Yes	☐ No
1998	☐ Yes	☐ No	1999	☐ Yes	☐ No	2000	☐ Yes	☐ No
2001	☐ Yes	☐ No	2002	☐ Yes	☐ No	2003	☐ Yes	☐ No
2004	☐ Yes	☐ No	1st 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 overcollected 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 [EMPLOYING ORGANIZATION] to file a Medical Resident FICA Refund Claim on my behalf for refunds of FICA taxes that [EMPLOYING ORGANIZATION] withheld from my wages for services I performed as a medical resident.

SIGN HERE ► _____ | Date: _____

Return your signed consent form (postmarked no later than [DUE DATE]) to:
[EMPLOYING ORGANIZATION'S NAME AND ADDRESS]

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