

Harvard University

Office of the Controller

EIN 04-2103580



(Print Name)

Local Address (mailing address)

Social Security Number

This is to certify that the Social Security and or Medicare Tax that was over collected for the period covering calendar year(s) _____ is requested to be refunded, and that I have not claimed and will not claim refund or credit against the Internal Revenue Service for such over collection.

The University cannot claim a refund on your behalf for any overpaid Additional Medicare Tax, and our claim will not include a claim for Additional Medicare Tax from employees. Additional Medicare Tax (0.9%) applies to wages, railroad retirement (RRTA) compensation, and self-employment income (together with that of your spouse, if filing a joint return) that are more than :

- \$125,000 if married filing separately
- \$250,000 if married filing jointly, or
- \$200,000 for any other filing status

If as a result of our refund claim, your wages are adjusted, you may also be able to claim a refund for Additional Medicare Tax. See instructions for IRS Form 8959. You may need to seek assistance from a professional tax preparer.

The basis of the claim for this refund is that I was a nonresident alien for tax purposes on an F-1, J-1, M-1, and Q-1, or Q-2 visa during the period in question.

I declare under penalty of perjury that this statement is true and correct.

Signature

Date

Contact: email address: _____

U.S. phone number, if available: (____) - ____ - _____