DANBURY HOSPITAL
A Higher Level of Care

REFUND CONSENT FORM

FICA TAXES RELATED TO STIPENDS PAID TO MEDICAL RESIDENTS

YEARS 2001-2005

Statements supporting employer's claims for refund of FICA tax on employees (Treas. Reg. Section 31.6402(a)-2(a)(2)(i), (ii)):

If electing ***to participate*** *in the claims for refund, please complete the following statement:*

- 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 earnings 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 Danbury Hospital to file a Medical Resident FICA Refund Claim on my behalf for refunds of FICA taxes that Danbury Hospital withheld from my wages for services that I performed as a medical resident.

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct and complete.

Signature: _____ Date: _____

Social Security Number: _____

Last, first and middle initial:_____

Prior name:_____

Address: _____

City, town, post office _____ State_____ Zip Code _____

Please keep a signed copy of this consent form for your records.