

# STATE PAYROLL SERVICES OVERPAYMENT FORM

AGENCY \_\_\_\_\_

PAY PERIOD ENDING \_\_\_\_\_

NAME \_\_\_\_\_

EMPL# \_\_\_\_\_

AMT ORIGINAL CHECK	-	CORRECTED AMT	=	AMT OF REPAYMENT
A		B		C

<b><u>GROSS AMOUNT</u></b>	
FEDERAL TAX	_____
OHIO TAX	_____
CITY TAX CODE _____	_____
CITY TAX CODE _____	_____
SDIT            V _____	_____
RETIREMENT _____	_____
MEDICARE    MD1 _____	_____
MD0 _____	_____
DEFERRED COMP _____	_____
HEALTH    EMPLOYEE _____	_____
EMPLOYER _____	_____
OTHER _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b><u>NET AMOUNT</u></b>	_____

PREPARED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTACH:** 1. REVENUE RECEIPT (PAY-IN)    2. COPY OF CHECK

**INSTRUCTIONS:** Subtract **EACH AMOUNT** in column **B** from column **A**. Enter in column **C**.  
 Employee **MUST** repay **NET** in column **C** IF the **Overpayment AND Repayment** is for the **CURRENT CALENDER YEAR**.  
 Employee **MUST** repay **GROSS** in column **C** IF the **Overpayment** was for the **PREVIOUS Year**.