

**OFFICE OF HCM AND AGENCY HR SUPPORT - OFFICE OF PAYROLL  
PAYROLL REFUND / ADJUSTMENT FORM**

**AGENCY** \_\_\_\_\_

**NAME** \_\_\_\_\_ **EMPL ID** \_\_\_\_\_

**PPE DATE(S):** \_\_\_\_\_ **Number of pay periods** \_\_\_\_\_  
If multiple PPE Dates, indicate the first and last PPE Date

**MUNICIPAL TAX**

	<u>MUNICIPALITY NAME</u>	<u>CODE</u>	<u>AMOUNT</u>
Gross Wages:	_____	_____	_____
From:	_____	_____	_____ (Enter as negative amount)
To:	_____	_____	_____ (Enter as plus amount)
Refund to EE if amount is negative			\$ _____ -

Note: If positive amount, EE will owe to City via tax filing.

**SCHOOL DISTRICT TAX**

	<u>SCHOOL DISTRICT NAME</u>	<u>CODE</u>	<u>AMOUNT</u>
Gross Wages:	_____	_____	_____
From:	_____	_____	_____ (Enter as negative amount)
To:	_____	_____	_____ (Enter as plus amount)
Refund to EE if amount is negative			\$ _____ -

Note: If positive amount, EE will owe to City via tax filing.

**STATE TAX**      Gross Wages (A) \_\_\_\_\_ **TAX AMOUNT:** \_\_\_\_\_ (Enter as negative amount)

**FEDERAL TAX**      Gross Wages (A) \_\_\_\_\_ **TAX AMOUNT:** \_\_\_\_\_ (Enter as negative amount)

**OTHER**

<u>DESCRIPTION</u>	<u>CODE</u>	<u>AMOUNT</u>
_____	_____	_____ (Enter as negative amount)
_____	_____	_____ (Enter as negative amount)
_____	_____	_____ (Enter as negative amount)
_____	_____	_____ (Enter as negative amount)
_____	_____	_____ (Enter as negative amount)
_____	_____	_____ (Enter as negative amount)
_____	_____	_____ (Enter as negative amount)

**REASON FOR REQUEST**

**Date Submitted:** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

(A) Gross Wages for State and Federal taxes are: Gross minus retirement, health care, and Deferred Comp.

**Upon Completion please fax this form to 614-466-1565 or  
email to your agency payroll specialist.**