STATE PAYROLL SERVICES
OVERPAYMENT FORM

AGENCY ____________________ PAY PERIOD ENDING ____________________

NAME ____________________ EMPL# ____________________

<table>
<thead>
<tr>
<th>AMT ORIGINAL CHECK</th>
<th>CORRECTED AMT</th>
<th>AMT OF REPAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>-</td>
<td>B = C</td>
</tr>
</tbody>
</table>

**GROSS AMOUNT**

- FEDERAL TAX
- OHIO TAX
- CITY TAX CODE
- CITY TAX CODE
- SDIT
- RETIREMENT
- MEDICARE MD1
- MEDICARE MD0
- DEFERRED COMP
- HEALTH EMPLOYEE
- EMPLOYER
- OTHER

**NET AMOUNT**

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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.