

Niles Community Schools
Business Office



This form must be signed and returned to the Business Office by July 25, 2018 for reimbursement to be requested from the IRS. Any forms returned after the due date will not be processed.

Employee Name:

I give my consent to have my employer, Niles Community Schools, file a claim on my behalf with the IRS requesting \$ _____ in over-collected Social Security and Medicare taxes for 2012. I have not claimed a refund of or a credit for the over-collected taxes from the IRS, or if I did, that claim has been rejected. I will not refile to claim a refund or a credit of the amount.

Employee Signature: _____

Date: _____

Please return this consent form no later than July 25, 2018 to:

Niles Community Schools ~or~ mary.bouwkamp@nilesschools.org
Attention: Mary Bouwkamp
111 Spruce Street
Niles, MI 49120