University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

EMPLOYEE SERVICES

REQUEST FOR STUDENT RETIREMENT (TIAA)/MEDICARE TAX REFUND

Please submit this completed, signed form to: ES via the submission button below, and send any additional attachments to offcycle_pbs@cu.edu

Requested By:

Requestor Name	Department Number	All checks will be Direct Deposited.

E-Mail Address	Phone	Campus
		☐ UCB ☐ UCCS ☐ UCD/DDC ☐ UCD/AMC ☐ SYSTEM

Refund Information:

Employee Name *(Last Name, First Name, Middle)*	Employee ID #	Job Code(s)

Job Title(s)	Employee Email Address

Reason for Refund:

Retirement was incorrectly deducted from:

Pay Period End Date(s)	Record No.	Position No.	Pay Cycle
Date: _____	_____	_____	☐ BW ☐ Monthly
Date: _____	_____	_____	☐ BW ☐ Monthly
Date: _____	_____	_____	☐ BW ☐ Monthly
Date: _____	_____	_____	☐ BW ☐ Monthly

Requestor Signature:

Signature	Date:

ES USE ONLY

Medicare letter received:	☐ YES ☐ NO	Date:	
One Time Refund	Deduction Code: STREM	EE Before Tax	**Dollar Amount:** $
	CURRENT YEAR	**PRIOR YEAR**	
One Time Refund	☐ Med/EE	☐ PYTX EE	**Dollar Amount:** $
One Time Refund	☐ Med/ER	☐ PYTX ER	**Dollar Amount:** $
Dollar Adjust (Gross)	Deduction Code: Med/EE	EE After Tax	**Medicare Gross Amount:** $
Dollar Adjust (Gross)	Deduction Code: Med/ER	EE Non Tax	**Medicare Gross Amount:** $
Corrected W-2 Coded: ☐ YES ☐ NO		W-2c Coded:	☐ YES ☐ NO

Comments:

Refund Completed By:		Adjustment Completed By:
Enter Date Stamp		Enter Date Stamp

Rev. 08-21-2013