

FEDERAL TAX REFUND REQUEST FORM

Reason for Refund:

(Please indicate the reason why the Federal tax refund is being requested)

Signatures:

The undersigned agree that a Federal tax refund is owed to the employee for the tax year and amount indicated on this form.

The Employee, under penalties of perjury, certifies that he/she has not and will not claim a refund or credit for the overpaid Federal taxes on their personal income taxes for the tax year indicated on this form.

The Department Payroll Director, under penalties of perjury, certifies that the amount of the refund is true and accurate and employee is indeed entitled to this refund.

Employee Signature: _____ **Date:** _____

**Department
Payroll Director Signature:** _____ **Date:** _____

Please submit completed form and required documentation to:

Office of the Comptroller
Payroll Unit
1 Ashburton Place, 9th floor
Boston, MA 02108
ATT: Silas Shah

If you have any questions please contact Silas Shah at 617-973-2339 or by email:

Silas.Shah@osc.state.ma.us