



District Name: \_\_\_\_\_

**Munis Correction (MC03) – FICA/Medicare Tax Adjustment**

*This form is used to adjust or correct current year and/or prior year  
FICA (Social Security) and/or Medicare deductions.*

Employee #: \_\_\_\_\_

Certificated     Classified

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Original Check Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check Number: \_\_\_\_\_

Adjustments to be made on the (Check Date): \_\_\_\_/\_\_\_\_/\_\_\_\_

If error is on more than one check, use one sheet for each check number.

Prior Calendar Year: \_\_\_\_\_

Current Calendar Year

**FICA**

Deduction Code: \_\_\_\_\_

Refund     Pick Up

Reported Earnings: \$ \_\_\_\_\_

Employee Amount:        \$ \_\_\_\_\_ Employer Amount: \$ \_\_\_\_\_

**Medicare**

Deduction Code: \_\_\_\_\_

Refund     Pick Up

Reported Earnings: \$ \_\_\_\_\_

Employee Amount:        \$ \_\_\_\_\_ Employer Amount: \$ \_\_\_\_\_

If correct SACS differs from Employee Master, please specify here:

%	SACS	

**Reason For Adjustment:**

Please attach a copy of **original check** and "PRIOR YEAR ADJUSTMENT" consent form.

Prepared By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DPS Use Only**

Processed by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_