

PAYROLL RECOVERY FORM

Mail to: Central Payroll Bureau
Attn: Accounting & Reporting
PO Box 2396
Annapolis, MD 21404-2396

Fax #: (410) 974-2035
Inquiries: (410) 260-7964
(888) 674-0019
(If faxing, do not mail hardcopy)

EMPLOYEE INFORMATION

Name: _____ Social Security Number: _____
PPE of Overpayment: _____ Type of Earnings: _____
Reason for Recovery: _____

AGENCY CERTIFICATION

Telephone Number: _____ Date: _____
Agency 6-digit Code: _____ Agency Name: _____
Authorized by (Print): _____ Title: _____
Signature (Required): _____

FULL PAY RECOVERY (When overpayment is for the entire pay) – DO NOT COMPLETE LAST (3) SECTIONS

Net Pay Amount Recovered: _____ (Net amount of check or direct deposit recovered)
Check or Deposit Advice Number: _____

PARTIAL PAY RECOVERY (When overpayment is less than entire pay)

Amount Recovered: _____
(Check one) Recovery was _____ Net *or* _____ Gross

TAXES TO BE RECOVERED (Partial Pay Recovery)

FICA – Employee 6.2% _____ Federal _____
1.45% _____ State _____

EMPLOYER SUBSIDIES TO BE RECOVERED (Partial Pay Recovery)

FICA – Employer 6.2% _____ UI Subsidy _____
1.45% _____
Total Employer Subsidies _____

CPB USE ONLY	
R*STARS	Yes <i>or</i> No
REVL	Yes <i>or</i> No
NET	Yes <i>or</i> No
RFRC	_____
Ledger	_____
Coversheet	_____
YA – RE _____	
YA – OT _____	
YA – OE _____	
YA – Net _____	
YE – St Wgs () _____	
YE – St Tx () _____	
YD – UI (74) _____	
YD – _____	
RM – FXWgs _____	
YL – Fed Wgs _____	
YL – Fed Tx _____	
YN – FWgs _____	
YN – SS Tx/Sub _____	
YN – Med Tx/Sub _____	