

Duke University – Medical Resident Consent Form

If completing this form by hand, please print legibly

SSN: _____ Current Name: _____
Last, first and middle initial

Prior name: _____
If you changed your name because of marriage, divorce, etc., enter the name you used when you were a medical resident.

Phone: _____ e-mail: _____

Address: _____
Number and Street Name or P.O. Box Number Apt. No

City: _____ State: _____ ZIP code: _____
Note: If foreign address, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Please do not abbreviate the country name.

My current citizenship/residency status is:

- US citizen
- US permanent resident
- Non US resident (Citizen of _____)

For each calendar year below that I check "Yes":

- I, personally, have not claimed and will not claim a refund or credit from the IRS for any FICA taxes from wages paid for services performed as a medical resident, or if I have, the claim was rejected.
- I, personally, did not receive a FICA tax refund or credit because I earned in excess of the social security wage base on my Federal income tax return (e.g., Form 1040). For information concerning partial FICA refunds, please see the Frequently asked Questions on the website)
- I understand that my Social Security earnings record will be corrected to reflect zero wages earned as a medical resident for tax periods for which I received a refund. I understand that removing these wages could affect my, or my dependents', eligibility to or the amount of future Social Security (disability, survivors, or retirement) benefits.
- I give my consent to Duke University to file a Medical Resident FICA Refund Claim on my behalf for refunds of eligible FICA taxes that Duke University withheld from my wages for services I performed as a medical resident.
- I understand that completing this form does not guarantee that I will receive a refund. The refund claim is subject to IRS approval and the IRS may determine I am not eligible.
- I understand that if I am not a US citizen, permanent resident or resident alien, Duke may be required to withhold US income tax on the interest portion of any refund that I receive. I have correctly stated my citizenship/residency status above and will notify Duke if my citizenship or residency status changes prior to the finalization of this process.

For each calendar year below, or portion thereof, check "Yes" if you authorize Duke University to collect the refund on your behalf, and "No" if you do not authorize Duke University to collect the refund on your behalf, or you are not eligible for a refund.

1994	<input type="checkbox"/> Yes <input type="checkbox"/> No	1995	<input type="checkbox"/> Yes <input type="checkbox"/> No	1996	<input type="checkbox"/> Yes <input type="checkbox"/> No	1997	<input type="checkbox"/> Yes <input type="checkbox"/> No
1998	<input type="checkbox"/> Yes <input type="checkbox"/> No	1999	<input type="checkbox"/> Yes <input type="checkbox"/> No	2000	<input type="checkbox"/> Yes <input type="checkbox"/> No	2001	<input type="checkbox"/> Yes <input type="checkbox"/> No
2002	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Under penalties of perjury, I declare that this statement, to the best of my knowledge and belief, is true, correct and complete.

SIGN HERE ► _____ Date: _____

Return your signed consent form (postmarked no later than **October 29, 2010**) to:

Duke University, c/o Ernst & Young LLP, Attn: Robin Davidson, 99 Wood Avenue South, Iselin, NJ 08830

Keep a signed copy of this consent form for your records.

Please contact Ernst & Young LLP at DukeUniversity.FICArefunds@ey.com or (888) 800-4189 if you have any questions, or to update your address should you have an address change before you receive your refund.