



CENTER ADMINISTRATION

Post Office Box 775
Cambridge, MD 21613-0075
(410) 228-9250
Fax: (410) 228-3843
<http://www.umces.edu>

FICA Taxation Disclosure Form

AL **CA** **CBL** **HPL** **SG**

Employee's Name: _____ SSN: _____ - _____ - _____

____ Undergraduate Student, Hourly ____ Graduate Student, Hourly

____ Trainee (SG only)

For the summer of 20____, I will:

____ not be enrolled in classes at a USM Institution and understand that I am FICA Taxable for the Summer.

____ be enrolled in classes at a USM Institution throughout the entire summer (the first week of June through the first week in August) for at least 3 credits. I have attached a copy of my summer registration to verify this information. I understand that I am FICA exempt.

____ be enrolled in classes at a USM Institution for part of the summer. The dates for which I will be enrolled in at least 3 credits for the summer are:

_____ to _____. I understand that during the time period for which I will be enrolled as stated above, I will be FICA Exempt and for the period of time for which I am not enrolled in a class, I am FICA Taxable.

I hereby certify that the above information is true and if it should change, I will notify my Payroll/Benefits Coordinator immediately.

Signature of Student

Date

Payroll Office Use Only:

PHR Updated on:

____ FICA Taxable (Dates taxable: _____ to _____)

____ FICA Exempt (Dates exempt: _____ to _____)

Payroll Person Initials: _____