

# ADDITIONAL MEDICARE TAX DEDUCTION AUTHORIZATION

Payroll Withholding Request Form

## EMPLOYEE INFORMATION

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Employee Name

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Employee ID Number

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Department / Division

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Social Security Number (Last 4 Digits)

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## WITHHOLDING AUTHORIZATION DETAILS

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Under Internal Revenue Service (IRS) regulations, employers are required to withhold Additional Medicare Tax (0.9%) on wages paid to an employee in excess of \$200,000 in a calendar year. Employees may also request additional withholding to cover potential tax liabilities if their combined married income or other income sources trigger this tax threshold earlier.

I authorize my employer to withhold an additional flat dollar amount of Medicare tax from each pay period.

Additional Per-Pay-Period Amount to Withhold (\$)

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Effective Date / Pay Cycle Start

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## ACKNOWLEDGMENT & SIGNATURE

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I certify that the information provided on this form is correct and complete. I authorize the payroll department to deduct the specified additional amount from my earnings each pay period. I understand this deduction will remain in effect until I submit a revised authorization form or terminate employment.

Employee Signature

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Date

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## PAYROLL DEPARTMENT USE ONLY

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Processed By (Name)

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Date Processed

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**Pay Period Effective Date**

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**Signature of Payroll Representative**

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Please return this completed and signed form directly to the Payroll Department. Keep a copy for your records.