STATE OF CALIFORNIA

NON-USPS--REFUND OF OVERCOLLECTIONS

STD. 995R (REV. 10/2019)

Complete and submit to: State Controller, PPSD - W-2 Unit

TAX YEAR REFUNDED

SOCIAL SECURITY NUMBER	EMPLOYEE NAME *(First Initial, Middle Initial, Surname)*	PAYMENT TYPE	PAY PERIOD OF A/R *(Month/Year)*	ISSUE DATE OF REFUND *(Month/Day/Year)*	A/R NUMBER *(5 Digits)*	AMOUNT OVER-COLLECTED
- -						
- -						
- -						
- -						
- -						
- -						
- -						
- -						
- -						
- -						
- -						
- -						
- -						
- -						

I certify that I am duly authorized by the herein named state agency to make this report and certification;
that data stated herein is correct, complete and in accordance with all laws and regulations.

REPORTING OFFICER'S SIGNATURE

DATE

TYPE OR PRINT NAME AND TELEPHONE NUMBER OF INDIVIDUAL COMPLETING THIS FORM

TELEPHONE NUMBER *(Include Area Code or use CALNET)*
(   )

FROM *(Agency Name)*