

Social Security Tax Election Form

Fiscal Year 2025 (July 1, 2024 – June 30, 2025)

Name : _____

Employee #: _____

Change of election (check one):

- ☐ **Option 1: I want to pay Social Security tax.** By checking this box, I elect to have Social Security taxes withheld from my paycheck beginning in Fiscal Year 2025.
- ☐ **Option 2: I do NOT want to pay Social Security tax.** By checking this box, I elect not to have Social Security taxes withheld from my paycheck beginning in Fiscal Year 2025.

By signing this form, I acknowledge the following:

- The election I have made on this form will be effective during the entire Fiscal Year 2025 and I will not be able to change this election until Fiscal Year 2026.
- The election I have made will continue during subsequent Fiscal Years until I elect otherwise.
- If I elect to pay Social Security taxes (Option #1 above), I am ineligible to receive the company-funded Social Security Tax Exemption contribution which currently is 3.1% of compensation each pay period.
- I am responsible to validate that these changes are properly reflected in my pay beginning in Fiscal 2025 and to notify the Payroll Department, within 30 days, in writing, if a problem occurs. Absent any such notification, I accept the withholding treatment of the Social Security taxes on my payroll earnings
- This form must be returned to the Payroll Department by June 30, 2024 to be operative for Fiscal Year 2025; otherwise, my prior election will remain in effect. New employees hired during Fiscal Year 2025 must submit the form within 30 days of their hire date.

Signature_____
Date