



Contra Costa County Office of Education

77 Santa Barbara Road, Pleasant Hill, CA 94523 • (925) 942-3388 • www.cocoschools.org

Prior Year Adjustments for Social Security and/or Medicare

TO: **Contra Costa County Superintendent of Schools**

FROM: _____ **School District**

I _____ SS# _____ give my consent and allow the Contra Costa County Superintendent of School to file the necessary adjustments for the calendar year _____ affecting my Social Security/Medicare wages and/or taxes.

In the event that this adjustment is for a refund, I state that I have not claimed and will not claim a refund or credit of this amount from the Social Security Administration.

Signed _____

Address _____

City, Zip _____

Phone () _____ Date _____