

**Baruch College—Office of Human Resources**

**REQUEST FOR EXEMPTION FROM SOCIAL SECURITY AND MEDICARE TAXES FORM**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

I am requesting exemption from paying Social Security and Medicare taxes for the following reason. Please check the appropriate box.

I am a part-time employee at AND a full-time undergraduate/graduate student or a part-time undergraduate/graduate student in my last semester of studies at CUNY. **I understand that I must provide proof of my student status for each semester I wish to be exempt.**

I am a full-time international undergraduate/graduate student/trainee ( F-1 Visa holder) AND an employee at CUNY (**please complete a nonresident alien statement and attach a copy of your visa (s) and INS I-20 form(s) ).**

I am an International Visitor (J-1 visa holder) at CUNY (**please complete a nonresident alien statement and attach a copy of your visa (s) and INS IAP-66 or DS-2019 form (s) ).**

Please submit this form to Office of Human Resources. Telephone requests will not be accepted. The Medicare and Social Security taxes exemption will be processed upon receipt of the signed form. **Any tax withheld because the required tax information was not provided before will not be refunded.**