AC 230 (Rev. 01/13)

STATE OF NEW YORK
REPORT OF CHECK RETURNED FOR REFUND OR EXCHANGE
OFFICE OF THE STATE COMPTROLLER

1	Dept ID	Dept. Name	**2**	Agency AC 230 Number
3	Original Check Number	**4** Employee's Name (First Name, M.I., Last Name, Suffix)	**5**	NYS EMPLID (not SSN)

*The entire form must be completed by Agency for all returned checks or will be returned to agency for correction.

Please read and check appropriate boxes.

☐ The employee is still **actively employed** by your agency or any other State agency.

☐ The employee is due any **regular and/or lump sum payments** which are equal to or exceed the amount to be refunded.

*DO NOT return any payroll check to OSC for a partial refund if either of the above boxes is checked.

*All form information can be obtained from PayServ: Payroll for North America>Payroll Processing USA>Produce Payroll>Review Paycheck

		Warrant Information				**18**	Returned Amount (Amount employee not entitled to minus Unrecoverable amounts.)	
6	Admin.	Inst.	Paycheck Issue Date					

Deduction Amounts (Difference between old and new deduction amounts if partial refund, or whole amount if complete refund.)

	Returned Time Information							Code	Amount
7	Returned Time	**8**	From Date (MM/DD/YY)	**9**	To Date (MM/DD/YY)				

10	Other Earnings / PayServ Review Paycheck			**19**	Social Security Tax (OASDI/EE) (2011 & 2012 Rate=.042) (Prior to 2011 & Current Rate=.062)	OASDI	

Earnings Code	Amount	Earnings Code	Amount

20a	Medicare Tax (MED/EE) (.0145)	FICA	
20b	Additional Medicare Tax (ADDL MED) (.09 of amount over $200,000)	FICA	
21	Withholding Tax - Federal		
22	Withholding Tax - State		

11	Company	**12**	Pay Group	**23**	Withholding Tax - NYC		
13	Position #	**14**	Job Code #	**24**	Withholding Tax - Yonkers		

25	Retirement - Normal Contribution		

15	Page #	**16**	Line #	**17**	Empl Record #	**26**	Retirement - Loan		

27	State Health Insurance (A/T = Taxable)		

Agency Justification/Remarks

(Include explanation in PayServ General Comments and attach AC230 Worksheet for partial check returns.)

28	State Health Insurance (B/T=Non-Taxable)		
29	Other Health Insurance		

Enter **other deductions** below (code must be entered as numeric digits or letters as shown in Review Paycheck page).

		Code	Amount
30	Description		
31	Description		
32	Description		
33	Description		
34	Description		
35	Description		

For Payroll Agency Use - Certified Correct		**36**	Total of Deductions Refunded (19 thru 35)	
Preparer's Name		**37**	Refund amount less deductions refunded (18 minus 36)	
Title	Date	**38**	Net Amount of Check being Returned	
E-Mail		**39**	Balance Due to Employee (38 minus 37)	
Phone Number				
Authorizing Signature				

For OSC Use Only		**40**	Name of Payee	
Date	By			
Entered				
Audited				