SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

Salary Refund
Report to the Comptroller

DISTRIBUTION
1. White-Returned to Comptroller
2. Blue-Treasurer-Banking Divison
3. Buff-Treasurer-Warrant Division
4. Pink-Returned to Agency
5. Canary-Retained by Comptroller
6. Green-Retained by Comptroller
7. Goldenrod-Retained by Agency

Agency: _____

Address: _____

Transmittal No. _____
Transmittal Date _____

DEPOSIT INSTRUMENT IDENTIFICATION	
TYPE	NUMBER

1. Social Security No. | 2. Pay Code | 3. Name of Employee (Last, First, Middle) | 4. Last Day Employed

5. Original Warrant No. | 6. Trace Number | 7. Issue Date | 8. Voucher No. | 9. Original Pay Period

10. Appropriation Account Code Paid From | 11. Fiscal Year | 12. Detail Object | 13. Gross To Be Credited

14. Original Gross $ _____
15. Net Amount To Be Credited $ _____

Deductions Refunded

16. Federal Income Tax $ _____
17. FICA
    A. OASDI $ _____ Code _____ 17a.
    B. HI (Medicare) $ _____ Code _____ 17b.
    State
18. State Income Tax $ _____ Code _____ 18a.
19. Retirement $ _____ Code _____ 19a.
20. Deferred Compensation $ _____
21. Tax Sheltered Annuity $ _____
22. Flexible Spending (MCAP) $ _____
23. Flexible Spending (DCAP) $ _____
24. _____ $ _____
25. All Other Deductions $ _____

OTHER

26. Non-Taxable Benefits $ _____
27. Other Compensation Subject to Withholding $ _____
28. Earned Income Credit $ _____
29. Maintenance $ _____
30. Non-Taxable Income $ _____
31. Other Compensation $ _____
32. Group Insurance Attributed Income $ _____
33. Retirement Pickup $ _____
34. _____ $ _____
35. _____ $ _____
26. _____ $ _____
37. Gross to be Credited $ _____

Comments:

38. Authorized Signature | Title | Phone | Date

Agency must complete Order Number, Document Total and Fund Number.

COMPTROLLER DEPOSIT ORDER
TO THE TREASURER OF THE STATE OF ILLINOIS

Date _____ Order No _____

Document Total: _____

Fund Number: _____

COUNTERSIGNED - STATE TREASURER

COMPTROLLER, STATE OF ILLINOIS

Form C-65
State of Illinois