

REPORT OF FICA/MEDICARE PAID ON COUNTY SALARY SUPPLEMENTS  
FOR JUDICIAL OFFICIALS / EMPLOYEES

(Please Type or Print)

Section 1. County -----  
Address -----  
-----

Section 2. Contact Person -----

Section 3. Telephone # (\_\_\_\_) -----  
Area code Number Extension

Section 4. List each official / employee's name, social security number, salary supplement paid for reporting period, and FICA and MEDICARE matched by the County.

<u>Name</u>	<u>SS#</u>	<u>Salary Paid</u>	<u>FICA/ Medicare</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTALS \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/ Title of Person Preparing Report

ATTACH TO MONTHLY INVOICE AND SUBMIT TO  
Administrative Office of Courts  
Finance Division / Reimbursements  
300 Dexter Avenue  
Montgomery, AL 36104-3741

# MONTHLY INVOICE

## EMPLOYER SOCIAL SECURITY MATCH ON JUDICIAL WAGES

SUBMIT MONTHLY TO:  
ADMINISTRATIVE OFFICE OF COURTS  
FINANCE DIVISION/ EXPENSE ACCOUNTING SECTION  
300 DEXTER AVENUE  
MONTGOMERY, ALABAMA 36104-3741

*Group Name and Address (Type or Print)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Vendor Code/Tax ID# \_\_\_\_\_  
(All 11 digits required for processing)

For Period	to		
Month/Date/Year	Month/Date/Year		
Subject Wages to be Matched		\$	_____
Date Wages Paid _____			
Adjustments to Wages (+ or -)		\$	_____
Date of Adjustment _____			
Gross Subject Wages to be Matched		\$	_____
Employer Portion of Social Security			
Matched and Paid to IRS		\$	_____
Date Paid to IRS _____			
Amount Due		\$	_____

I hereby certify that the wages indicated above were paid and the employer's portion of Social Security should be reimbursed.

**ATTACH REQUIRED FICA/MEDICARE BACKUP DOCUMENTATION.**

\_\_\_\_\_  
Authorized Signature / Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

## PLEASE SUBMIT MONTHLY

AOC USE ONLY:

Code: \_\_\_\_\_

Date Received \_\_\_\_\_

Document ID \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

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