



**SLAS STATE TAX REFUND
AUTHORIZATION FORM**

- 1. Agency Name: _____
- Surplus Lines
- 2. Licensee/IPC Filer: _____
(Include National Producer Number)
- 3. Refund Mailing Address: _____
- Tax Refund Amount
- 4. Requested: _____
- 5. Reason for Refund: _____
- 6. Request From: _____
- 7. Signature of Requestor: _____ Date: _____

*****SLAS Use Only*****

SLAS State: _____

Original Tax Payment
Amount: _____

Original Tax Payment
Date: _____

Refund Amount Approved: _____

Verified By: _____ **Date:** _____

Approved By: _____ **Date:** _____

State Approval: _____ **Date:** _____