



Employment Security Department

WASHINGTON STATE

P.O. Box 9046 • Olympia, WA 98507-9046

Refund Request Application

Instructions Please see detailed instructions on the next page.

Mail this completed form to:

Employment Security Department
UI Tax & Wage Administration
P.O. Box 9046
Olympia WA 98507-9046

Employer Name and address that you use on tax reports: 1	Date requested: 3
	ES reference number: 4
	UBI number: 5
Phone Phone number and any extension: 2	Shut-down date: 6
Refund Amount of refund requested, including penalties and interest: 7	
Reason Please explain in detail why you should receive a refund: 8	
Employer's signature 9	Employer's title 10

This claim for refund is provided under RCW 50.24.150 of the Washington Employment Security Act.

General Information

An employer may request a refund of contributions, interest or penalties. The request must be in writing, and it must be filed within three years of the payment date.

To read the relevant law, please visit <http://apps.leg.wa.gov/rcw/> and enter 50.24.150 in the search box.

Instructions

Please type or print legibly with a ballpoint pen, and sign item 9.

<u>Item</u>	<u>Description</u>
1	Employer's name and address Enter the business name and mailing address that you use on quarterly tax reports.
2	Phone Enter the phone number and any extension that we can call if we have questions.
3	Date Enter the date you completed the form.
4	ES reference number Enter the account number assigned to you by the Employment Security Department.
5	UBI number Enter the Unified Business Identifier number assigned to you by the state of Washington.
6	Shut-down date Enter the date you stopped having employees, if applicable.
7	Refund Enter the total amount of the refund you are requesting, including any interest and penalties.
8	Reason Explain in detail the reason you should receive a refund. (For example: Taxes were paid on excess wages, exempt corporate officers were reported, taxes due were miscalculated, etc.)
9	Employer's signature Provide the signature of the employer or an authorized representative.
10	Employer's title Enter the employer's title.

Questions?

If you have questions, please contact either:

- Your Account Management Center, which you can locate at esd.wa.gov/tax-offices, or
- The Employer Accounts Unit at employeraccountstaxesd@esd.wa.gov or 360-902-9650.