



STATE TAX REFUND AUTHORIZATION FORM

1. Agency Name: _____
2. Surplus Lines
Licensee/IPC Filer: _____
3. Refund Mailing Address: _____

4. Tax Refund Amount: _____
5. Reason for Refund: _____
6. Requested From: _____
7. Signature of Requestor: _____ Date: _____

SLIP+ for States Use Only

1. SLIP+ State Client: _____
2. Original State Tax Payment Amount: _____
3. Original State Tax Payment Date: _____
4. Approved Refund Amount: _____

Verified By: _____ **Date:** _____

Approved By: _____ **Date:** _____

State Approval: _____ **Date:** _____