Refund Request Application

Employment Security Department
WASHINGTON STATE

(Form 5227)

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: 1) NAME AND ADDRESS THAT YOU USE ON TAX REPORTS

BUSINESS NAME

STREET ADDRESS

CITY   STATE   ZIP

PHONE:

2) AREA CODE   PHONE NUMBER   EXTENSION   3) DATE REQUESTED   4) ESD NUMBER

M M D D Y Y

5) UBI NUMBER   6) SHUT DOWN DATE

M M D D Y Y

7) REFUND: AMOUNT OF REFUND REQUESTED, INCLUDING PENALTIES AND INTEREST

8) REASON: PLEASE EXPLAIN IN DETAIL WHY YOU SHOULD RECEIVE A REFUND

9) EMPLOYER'S SIGNATURE

10) EMPLOYER'S TITLE

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
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ITEM   DESCRIPTION

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   **ESD 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 the Account Management Center at: **OlympiaAMC@esd.wa.gov.**