



Refund Request Application

(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

5) UBI NUMBER

6) SHUT DOWN DATE

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

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

CREDIT TRANSFER REQUEST

WASHINGTON PAID FAMILY & MEDICAL LEAVE

FULL AMOUNT

OR

WA CARES

FULL AMOUNT

OR

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 laws, please visit <https://app.leg.wa.gov/rcw/> and enter 50.24.150 in the search box or <https://app.leg.wa.gov/wac/> and enter 192-03-020.

INSTRUCTIONS

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

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.
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QUESTIONS?

If you have questions, please contact the Account Management Center at: **OlympiaAMC@esd.wa.gov**.