



DEPARTMENT OF INSURANCE

STATE OF ARIZONA

Financial Affairs Division- Tax Unit

2910 North 44th Street, Suite 210

Phoenix, Arizona 85018-7269

Phone: (602) 364-3246

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CLAIM FOR REFUND OF SURPLUS LINES TAX

This form must be filed with a Form E-SL-1, Form E-SL-2, Form E-SL-AMEND or Form E-159MS tax report that shows a negative tax amount due to claim a tax refund for a prior period.

PART A: Claimant Information
Name of Surplus Lines Broker Claimant, AZ Insurance Lic. #, State of Residence or Incorporation, Mailing Address, City, State, ZIP Code, Email Address, Phone Number, Toll-free Telephone Number

PART B: Refund Claim Amount
Enter Total Refund Amount Claimed and attach your original Form E-SL-1, Form E-SL-2, Form E-SL-AMEND or Form E-159MS tax reports that add up to this amount. This amount must also equal the sum of amounts entered in Part C

PART C: Refund Claim Details
Enter details below for EACH policy resulting in the refund amount entered above, or attach a list with all required content in identical format. * NOTE: If you are not the same broker who reported the new or renewal transaction(s) for this refund claim, you must provide the Arizona insurance license number(s) of the "Original Broker" (individual or business entity) who reported the transaction(s) and paid the tax. We must have this information to verify that the original tax payments were received.

Table with 7 columns: Policy Number, Insured's Name, Original Policy Effective Date, Last Renewal Date of Policy, AZ License # of Original Broker *, Date Tax was Paid, Requested Refund Amount (Per Policy)

PART D: Documentation
Attach copies of the following items pertaining to the original tax payment(s):
• Arizona Surplus Lines Association Transaction Detail Report by Effective Date (produced from its web site)
• Form E-SL-1 Semi-Annual Statement and Premium Tax Report (filed by Original Broker *)
• Form E-SL-2 Semi-Annual Statement and Premium Tax Report (filed by Original Broker *)
• Form E-159MS Statement and Tax Payment report for the Arizona Portion of a Multi-State Transaction (filed by Original Broker *)
• Cancelled check for original tax payment, if available

PART E: Certification
I declare, under penalty of perjury, that this claim and all schedules and attachments have been examined by me, and to the best of my knowledge and belief are true, correct and represent a valid claim against the State of Arizona, and that payment therefore has not been received.
Subscribed and sworn before me this
____ day of _____, 20 ____
Signature of Claimant or Claimant's Authorized Officer
Notary Public
Print or Type Name and Title
My commission expires