



DEPARTMENT OF INSURANCE

STATE OF ARIZONA

Premium Tax Unit
Phone: (602) 364-2713
Email: taxunit@difi.az.gov
www.difi.az.gov

**CLAIM FOR REFUND
OF
SURPLUS LINES TAX**

This form must be filed **with** a Form E-SL-XL or Form E-DTR tax report that shows a *negative* tax amount due to claim a tax refund for a prior period.

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|---------------------------------------|--------------|----------------------------|-------------------------------------|
| 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 | |

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| PART B: Refund Claim Amount |
| Enter Total Refund Amount Claimed and attach your original Form E-SL-XL tax report or Form E-DTR delinquent tax report that add up to this amount. This amount must also equal the sum of amounts entered in Part C below. |
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| 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 <u>must</u> 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 <u>must</u> have this information to verify that the original tax payments were received. |

| 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) |
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| PART D: Documentation |
| Attach copies of the following items pertaining to the original tax payment(s) : <ul style="list-style-type: none">• Arizona Surplus Lines Association Transaction Detail Report by Effective Date (produced from its web site)• Form E-SL-XL Semi-Annual Statement and Premium Tax Report (filed by Original Broker *)• Form E-DTR Delinquent Tax Report (filed by Original Broker *)• Cancelled check for original tax payment, if available |

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| 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 |