

Form
EINFRM

(Rev. July 2017)

Virginia State
Corporation
Commission



Request for Refund

WORK ORDER NUMBER:

AMOUNT:

NAME:

ID:

Provide requested information, and return completed form to the below address. The Commission's authority to issue a refund lapses twelve months from the date of receipt of the overpayment or unused payment.

NOTE: WRITE LEGIBLY. Illegible handwriting may be cause for a rejection of the refund request.

Section I. Payable Information

Entity Name	Employer Identification Number/ Federal Tax ID
AND	

OR

Individual's Name	Social Security Number
AND	

Section II. Mailing Address

Number/Street	
City or Town	
State	Zip Code

Section III. Signature

The individual below affirms that the person entitled to the refund has given them permission to sign this request.

Signature	Printed Name	
Email	Telephone Number	Date

Where To Return Completed Form

Mailing Address:
State Corporation Commission
Clerk's Office
PO Box 1197
Richmond, VA 23218-1197

Courier Delivery Address:
State Corporation Commission
Clerk's Office, First Floor
1300 E. Main St.
Richmond, VA 23219