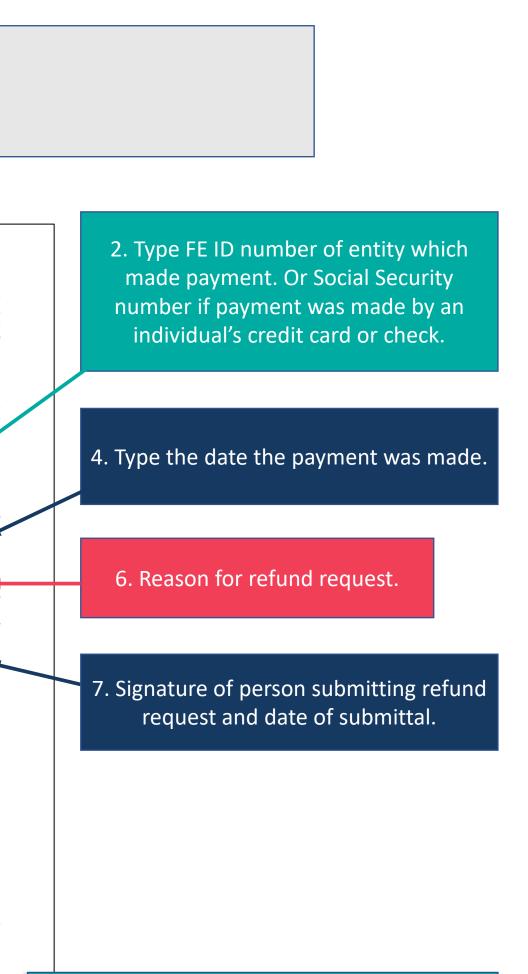
Requesting a Refund Completing the <u>DFS-AA-4</u>

1. Type name of person/entity STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES APPLICATION FOR REFUND whose credit card or checking Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be account made payment. filed with the Chief Financial Officer, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Chief Financial Officer has delegated the authority to accept applications for refund to the unit of State government, which initially collected the money. 3. Type the address of the entity or Pursuant to the provisions of Rule 69I-44.020, Florida Administrative Code, and Section 215.26, Florida *, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Statutes, or Section individual who made payment. treasury, which are subject to refund. The following information is submitted to substantiate the claim. FEIN or SS No Name Address 5. Amount paid. Date Paid Amount Reason for Claim 8. Obtain verification of payment: CERTIFIED TRUE AND CORRECT this day of Paid by credit or debit? Sign - Need credit card or bank statement * Must be completed if authority is other than Section 215.26 Paid by check? (FOR AGENCY USE ONLY) - Need copy (front and back of Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ cancelled check) The amount requested above was originally deposited into the State treasury as a part of the funds deposited on Attach verification to the completed State Treasurer's Receipt No. dated NAME OF ACCOUNT: **DFS-AA-4** form ACCOUNT CODE 9. If payment was made by an entity, register Statutory Authority for Collection as a vendor on the Myfloridamarketplace site It is requested that payment be made from the following account: (if first time submitting a refund request). NAME OF ACCOUNT: This step is not required if payment was ACCOUNT CODE made by an individual. CERTIFIED TRUE AND CORRECT this 10. Submit form and documentation to Agency Signature of Authorized Person PTOTraining@floridarevenue.com Title DFS-AA-4 Rev. 0207





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