

Requesting a Refund

Completing the DFS-AA-4

1. Type name of person/entity whose credit card or checking account made payment.

3. Type the address of the entity or individual who made payment.

5. Amount paid.

8. Obtain verification of payment:
- Paid by credit or debit?
 - Need credit card or bank statement
 - Paid by check?
 - Need copy (front and back of cancelled check)

Attach verification to the completed DFS-AA-4 form

9. If payment was made by an entity, register as a vendor on the [Myfloridamarketplace](https://myfloridamarketplace.com) site (if first time submitting a refund request). This step is not required if payment was made by an individual.

10. Submit form and documentation to PTOTraining@floridarevenue.com

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be 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.

Pursuant to the provisions of Rule 69I-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: _____ FEIN or SS No _____

Address: _____

Amount: _____ Date Paid _____

Reason for Claim: _____

CERTIFIED TRUE AND CORRECT this ____ day of _____, ____

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ _____

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State Treasurer's Receipt No. _____ dated _____.

NAME OF ACCOUNT: _____

ACCOUNT CODE											

Statutory Authority for Collection: _____

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

ACCOUNT CODE											

CERTIFIED TRUE AND CORRECT this ____ day of _____, ____

Agency _____ Signature of Authorized Person _____

Title _____

DFS-AA-4
Rev. 0207

2. Type FE ID number of entity which made payment. Or Social Security number if payment was made by an individual's credit card or check.

4. Type the date the payment was made.

6. Reason for refund request.

7. Signature of person submitting refund request and date of submittal.



Questions?

PTOTraining@floridarevenue.com