

**Unemployment Insurance Tax Refund Request**

Employer Name:	
Employer Account Number:	

I, \_\_\_\_\_, am the owner or representative of employer named above. I request a refund of the credit balance on our unemployment insurance tax account.

Generally, for a refund to be approved the money that caused the credit must have been paid at least 21 days prior and the credit must be larger than your average quarterly tax due.

- I am certain that the credit balance is accurate and should be refunded.
- I am uncertain how the credit balance came about. Please review my account to make certain this is a valid credit balance before issuing a refund.

*I certify that all quarterly reports have been accurately filed and paid, and the check resulting in the credit balance has cleared the bank.*

\_\_\_\_\_  
 Signature of Owner or Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number

**Return completed and signed form to the UI Compliance Bureau by fax:** (208) 334-6301  
**Or mail to:** UI Compliance Bureau  
 Idaho Department of Labor  
 317 W Main Street  
 Boise, ID 83735-0760

If you have questions regarding your credit, contact the UI Compliance Bureau at (208) 332-3576 or toll free at (800) 448-2977.