

Refund Request Form

Entity Name: _____

Entity File # _____

Payee (Company) Name & Mailing Address: _____

REQUESTING A REFUND FOR: Franchise Tax Credit Balance

AMOUNT: _____

Officer Signature _____

Date: _____

Officer Name _____

Phone Number: _____

Email Address: _____

Important Notices (please read):

- Refunds are made pursuant to Delaware Corporation Law, Title 8, Chapter 5, §505.
- Submission of this form, to the Division of Corporations, does not guarantee issuance of a refund or the refund amount requested.
- Pursuant to Delaware Corporation Law, Title 8, Chapter 5, §505, refunds can only be issued for the current and previous franchise tax years.
- Federal Form 1120 (Page 1 signed by an Officer and the Paid Preparer; if eFiled also include a copy of the eFile Authorization Form with both signatures; Schedule L and if filed on a consolidated basis a copy of all ending consolidating balance sheets) will be required to process the refund request.
- Refunds are processed from April 1st through November 30th each calendar year. Refund processing is briefly suspended, each calendar year, for a two week period beginning the middle of June through the end of June for the State's fiscal year end close.
- Check payments are disbursed from the State's Central Treasury/Finance Departments.
- Please allow 6-8 weeks for processing of your refund request.
- All refund checks will be mailed to the address on the refund request form.
- **The refund request form must be submitted to the Division of Corporations on the company letterhead.**
- Please mail to 401 Federal Street, Suite 4, Dover, Delaware 19901 or faxed to (302)739-5831

FOR DIVISION OF CORPORATIONS USE ONLY:

DATE RECEIVED: _____

DATE PROCESSED: _____ REFUND PROCESSED BY: _____

COMMENTS: _____
