

When you receive a FL Department of Financial Services (DFS) tax invoice with a credit balance, you have two options: 1) you can let the credit roll forward and offset a future tax invoice, or 2) you can request a refund.

When requesting a refund of the DFS tax:

1. Make sure you complete the entire form.
  - a. The agent and corresponding agency name should be listed under the name field.
  - b. The amount field is referring to the amount of refund requested.
  - c. The date paid field is referencing when the original payment was submitted. If you are not sure on the date paid you may leave this field blank and our office will fill it in.
  - d. For the reason for claim field, please indicate whether the refund is for returned premiums, cancellations, etc.
2. Make sure you sign and date the document. If the agent is unavailable to sign, an authorized person may sign on his/her behalf.
3. Please mail the **original** signed form to our office:

FSLSO  
1441 Maclay Commerce Drive #200  
Tallahassee, FL 32312

**Once our office verifies your request, please allow 4-6 weeks for DFS to process and issue your refund check.**

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.

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Pursuant to the provisions of Rule 691-44.020, 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.

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(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 \_\_\_\_\_