

# 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 1<sup>st</sup> through November 30<sup>th</sup> 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 company letterhead.

**FOR DIVISION OF CORPORATIONS USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_ REFUND PROCESSED BY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_