

**State of Mississippi
Department of Employment Security
Jackson, MS**

REQUEST FOR REFUND

Give exact name of business, address and account number as identified on your contribution report.

Mail to: MDES Tax Department
PO Box 22781
Jackson, MS 39225-2781

Fax to: (601) 321-6011

Email to: tax@mdes.ms.gov

BUSINESS NAME AND ADDRESS:

DATE: _____

ACCOUNT NO: _____

EMPLOYER'S SIGNATURE/TITLE: _____

Employers who have paid more tax than is due for the quarter may be eligible for a refund, unless there is a debit on the account in another quarter, in which case, the amount will be used to satisfy the debit. Any credit existing afterwards may be refunded upon written request of the employer. Eligibility for refunds may be determined 45 days after the date of payment and verification that the account is in good standing. Credits remain available for refund for a period of three years after the end of the calendar year for which the credit was created. Credits not used or requested as a refund within the three-year period will result in forfeiture of the credit