



Attn: Revenue Clerk  
Corporation Bureau  
401 North Street, Room 206  
P.O. Box 8722  
Harrisburg, PA 17105-8722

Telephone: 717-787-1057  
Fax: 717-783-2244  
Website: [www.state.pa.us/corps](http://www.state.pa.us/corps)

## PETITION FOR REFUND

### Please Print

1. Name of Company \_\_\_\_\_

2. Person Requesting Refund \_\_\_\_\_

3. Refund Payable to \_\_\_\_\_

4. Taxpayer ID (FEIN) or (SSN) **must** be provided for payee \_\_\_\_\_

5. Do you have a Commonwealth of PA Vendor ID Number? \_\_\_ Yes \_\_\_ No

**\*If yes, the Vendor ID number must be provided below. The address information contained in the Commonwealth Vendor ID database must match the address to which the refund will be mailed.**

\_\_\_\_\_

6. Address to mail refund \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Phone Number \_\_\_\_\_

8. Reason for Refund \_\_\_\_\_

9. Amount to be Refunded \_\_\_\_\_

**PLEASE RETURN A COPY OF THE FRONT AND BACK OF YOUR CLEARED CHECK AND THE ORIGINAL NOTIFICATION OF REFUND TO THE ATTENTION OF THE CORPORATION BUREAU REVENUE CLERK AT THE ABOVE ADDRESS.**

PLEASE ALLOW 6 - 8 WEEKS FOR RECEIPT OF REFUND.

\*If this information is not provided your refund will be rejected. To confirm or update your Commonwealth of PA Vendor ID number information, please call (877) 435-7363.