



Fax: 217-557-1948

Refund Request Form (UI-28)

0 0 0 Refund Unit, 10th Floor
@



UI Account Number

Employer Name

Mailing Address

City - State - Zip Code

A. **BASIS FOR CLAIM.** (If more space is required, attach additional sheets)

B. **FOR THE YEAR:**

(Enter the year applicable to your claim. Prepare a separate claim for each calendar year)

C. **DESCRIPTION OF PAYMENTS.** Please list the payments for which a refund is requested below:

DATE OF PAYMENT

ORIGINAL AMOUNT OF PAYMENT

AMOUNT TO BE REFUNDED

Enter the
amount &
tab forward

This column
will be totaled
automatically

TOTAL AMOUNT OF THIS CLAIM:

I, the undersigned, certify that the information contained in this claim, including any other attachments, is true and correct to the best of my knowledge and belief, that I have authority to act on behalf of the abovenamed employer, and that no claim for this erroneous payment has previously been made.

Signed by _____

Official Title

Date

This claim for refund must be signed by owner, partner, officer or authorized agent within the employing enterprise. If signed by any other person, a Power of Attorney must be on file.

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 820 ILCS 405/2201. Disclose of this information is voluntary. However, failure to supply the information required by this form will result in your refund request being denied.

INFORMATION AND GENERAL INSTRUCTIONS

If there is currently an overpayment on your account, you may apply the overpayment to contributions due in subsequent quarters or we will automatically apply it to any future underpayment. You may also apply for a refund online at mytax.illinois.gov or by completing this form UI-28 and mailing to:

**DEPARTMENT OF EMPLOYMENT SECURITY
REFUND UNIT, 10TH FLOOR
33 SOUTH STATE STREET
CHICAGO, ILLINOIS, 60603**

You have three years from the date of the overpayment to use the credit or to request a refund, except in the case of an overpayment that occurred on or after January 1, 2015 and prior to the effective date of House Bill 2699 of the 100th General Assembly, in which case you have until June 30, 2018 or 3 years from the date of the overpayment, whichever is later.

A separate form UI-28, Refund Request Form, must be submitted for each calendar year with respect to which a claim is filed. If you are adjusting individual worker's wages not previously corrected, you must complete Form UI-40C "EMPLOYERS CORRECTION REPORT FOR THE QUARTER ENDING - ____," and submit it with the Form UI-28. The UI-40C form may be printed from the IDES website, www.ides.illinois.gov. Please be aware that correcting a wage report may affect an employer's contribution rate for any year with respect to which such wages were included in the computation of the rate.

All claims for adjustments/refund are subject to field investigation and audit at the discretion of the Director.

INSTRUCTIONS FOR PREPARATION OF FORM UI-28, REFUND REQUEST FORM

Enter your name and account number exactly as it appears on your contribution report. Enter your current address. However, entering an address on this form that is different than the address currently contained in our records will not be considered an official change of address request. If this is a new address, you must update your address with the Department in one of the following ways: through MyTax Illinois (mytax.illinois.gov), by mailing a UI-50A Notice of Change to the Department, or by calling, faxing or writing the Department and providing the same information as would be provided on the UI-50A.

ITEM A. BASIS OF CLAIM

Explain in detail the nature of the overpayment. State fully the facts which you believe entitle you to an adjustment/refund. If more space is required, continue on your own letterhead, which will then become a part of this claim. **FAILURE TO GIVE COMPLETE INFORMATION WILL DELAY THE PROCESSING OF YOUR CLAIM AND MAY RESULT IN A DENIAL.**

ITEM B. FOR THE YEAR _____

Enter the year applicable to your claim.

ITEM C. DESCRIPTION OF PAYMENTS

Each line represents a quarter, per year.

Enter the date of payment, original amount of payment and amount to be refunded.

Total Amount of This Claim – Enter the total amount of claim for the calendar year. Amount shown in this item must equal the sum of the totals in the Amount to be Refund column.

***** The UI-28 must be Signed with Official Title and Dated *****