

Idaho Department of Labor
Unemployment Insurance Compliance Bureau
Tax Support | Phone: (208) 332-3576
Web: labor.idaho.gov



UNEMPLOYMENT INSURANCE TAX REFUND REQUEST FORM

To be eligible for a refund, the payment resulting in the credit must have been received 21 days prior to submitting this form. If the amount of your credit does not meet the refund criteria, your refund will not be processed.

You may return the form via Employer Portal secure messaging, fax to 208-334-6301, or mail to Idaho Department of Labor, ATTN UI Compliance Bureau, 317 W. Main St., Boise, Idaho 83735-0760.

Employer Information

Unemployment Insurance Tax Account Number (EAN): _____
Federal Employer Identification Number (FEIN): _____
Legal Business Name: _____
DBA: _____

Tax Refunds will be mailed to the address of record.

I certify that the following statements are true:

- I confirm the mailing address on file is up to date and correct.
- All quarterly reports have been accurately filed and paid.
- There are no missing quarterly reports to date.
- The payment resulting in the credit balance has cleared the bank.
- The payroll company or PEO that is reporting for the above-listed employer is unable to apply the credit to future quarters' taxes.
 - Name of the payroll company or PEO: _____

I, _____, am requesting a refund of the credit balance on the unemployment insurance account listed above. By signing this document, I agree that I am authorized to make this request.

Name

Signature

Phone

Date