WVUC-A-176

Rev. 4-2-09

 **DO NOT WRITE IN THIS SPACE**

WorkForce West Virginia Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment Compensation Refund No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contribution Accounting Section Approved By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P. O. Box 106 Amount Approved $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charleston, West Virginia 25321-0106 Commissioner

**EMPLOYER’S APPLICATION FOR REFUND**

Name of Employer      **EMPLOYER’S REGISTRATION NO.**

Street Number

City      County      State      Zip

Calendar Years For Which Claim is Made      Amount Claimed

 State below the reason for making claim; indicate the total wages reported and the contribution or interest paid for the periods for which claim is made. Include all detailed information pertinent to the claim.

(Business Name of Employer)

 (Name & Signature of Authorized Officer) (Title)

**INSTRUCTIONS – TO BE FILED IN DUPICATE**

This application may be filed only by the employer for whose benefit the refund is claimed to be due from the West Virginia Unemployment Compensation Fund. Application by corporations must be made in the corporate name and the affidavit signed by a properly qualified officer thereof. Where claim is made by fiduciaries for the estate or interest of another, the claim must be accompanied by proper evidence of authority to receive the refund.