



UI-28 Refund Request Form

IDES has updated your refund options. You can now receive your refund either through direct deposit or as a paper check.

The best way to submit your UI-28 Refund Request to IDES is online through MyTax Illinois.

To submit your UI-28 Refund Request online:

- Log on to the MyTax Illinois website at <http://mytax.illinois.gov>
- Click on the Unemployment Insurance link
- Click on the “Request a Refund” link under the “I Want To” section
- It’s quick and easy to do

Other features available online at MyTax Illinois:

- ✓ Submit your quarterly contribution and wage reports
- ✓ Make all your payments easily and securely
- ✓ View your tax letters and correspondence
- ✓ Request interest and penalty waivers
- ✓ View your new annual tax rates
- ✓ Maintain Power of Attorney relationships

and much more...

Visit our IDES Employer Update website, at www.ides.illinois.gov/MyTaxUI for additional information. Contact the IDES Employer Hotline at 1-800-247-4984 if you have any questions about MyTax Illinois or the UI 28 form.

Instructions for completing the UI-28 are on Page 2. The UI-28 Form is on Pages 3 and 4. Note, Page 4 is only required if you have elected to receive your refund via Direct Deposit.

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 UI-28 form and faxing it to 217-557-1948 or mailing it 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.

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. DESCRIPTION OF PAYMENTS

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 Refunded column.

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



Fax: 217-557-1948

Refund Request Form (UI-28)

33 South State Street, Refund Unit, 10th Floor
Chicago, Illinois, 60603



UI Account Number _____

Employer Name _____

Mailing Address _____

City - State - Zip Code _____

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

B. **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
TOTAL AMOUNT OF THIS CLAIM:		

Your refund may be sent to you either in the form of Direct Deposit or a Paper Check.
If you choose Direct Deposit, complete page 4 and return it with this page 3.

Payment Method (Select One):

Direct Deposit

Paper Check

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.

Printed Name _____ Signed by _____

Official Title _____ Date _____

Note: This claim for refund must be signed by an owner, partner, officer or authorized agent within the employing enterprise. If signed by another 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. Disclosure of this information is voluntary. However, failure to supply the information required by this form will result in your refund request being denied.

Direct Deposit Authorization

(Complete and return with Page 3 only if electing Direct Deposit)

Employer Name: _____

Employer UI Account Number (7 Digits): _____

If Direct Deposit is Chosen, Please Provide the Employer's Bank Information Below

Employer FEIN Number (9 Digits): _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Bank Account Number (Re-enter): _____

Name on Bank Account: _____

Type of Bank Account: Business Checking Checking
(Select Only One) Business Savings Savings

Printed Name _____

Signed by _____

If you elected to receive a Paper Check, fax only Page 3 to the fax number below.

If you elected Direct Deposit, fax both Pages 3 and 4 (in that order)
to the fax number below.

Fax: 217-557-1948