



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

REFUND REQUEST

Date of Request: _____ Date of Transaction: _____

Control Number: _____

Entity Name: _____

Original Amount Paid: _____

Payment Method: _____ Check _____ Credit Card

Amount to be refunded: _____

Reason(s) for refund request: _____

Cardholder Name: _____

Last Four Digits of Credit/Debit Card Used: _____

Expiration Date of Credit/Debit Card Used: _____

Requestor's Contact Information:

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Requestor's Signature: _____

Please be advised that filing fees are non-refundable. This form may be used to request a refund of a fee overpayment. Submitting this refund request form to the Secretary of State's office does not guarantee that a refund will be issued. Refund requests are valid only if submitted within 6 months of the original date of payment and all supporting documentation is attached to this form.

Please complete and return this form with any supporting documents to the Corporations Division by emailing to corprefundrequestform@sos.ga.gov. Should you choose to mail your request, please send it to the address listed above. Please submit only one request per form. After the refund request is reviewed, an email notification regarding the outcome of that review will be sent to the requestor. Please allow up to 30 days for the request to be reviewed.