

## Petition for Unclaimed Refund

**This is a claim to recover unclaimed excess contributions received by the  
Employment Security Division as defined in 8 AAC 85.490**

Employer's Business Name:	Alaska Employer Account Number:	Amount of Refund:
Owner's Name:		Federal Identification Number or Social Security Number:
<p>1. Name and address of person claiming property:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. Claimant's telephone number:</p> <p>_____</p>	<p>4. Check the box to show why you are entitled to make this claim:</p> <p><input type="checkbox"/> A. I am the owner named above.</p> <p><input type="checkbox"/> B. I am the guardian, executor, administrator, or other representative.</p> <p><input type="checkbox"/> C. The property became distributable to me in probate proceedings.</p> <p><input type="checkbox"/> D. I am heir and survivor and there has been no probate of the owner's estate.</p> <p><input type="checkbox"/> E. Other: _____</p> <p>_____</p> <p>_____</p>	
<p>3. List document(s) that you have enclosed as proof of claim. See instructions for type of proof needed.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>5. Give previous address of employer or employee (also required if owner is deceased):</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	<p>6. If owner is deceased, give the following:</p> <p>Date of death: _____</p> <p>Domicile at death: _____</p> <p style="text-align: center; margin-left: 150px;"><small>City</small> <span style="margin-left: 150px;"><small>State</small></span></p>	

**CERTIFICATION:**

I declare under penalty of perjury that this petition, including any attachment, has been examined by me, and that to the best of my knowledge and belief, it is true, correct, and complete. I further certify that upon payment of this claim, I will indemnify and hold harmless the State of Alaska, its officers and employees from any other valid claims from said property.

Signature of claimant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION FOR ES TAX USE ONLY:**

Approved                                      Send to:  Claimant Address                                      Amount: \$ \_\_\_\_\_

Not Approved                                      Owner's Address

Signature of Accounting Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chief of Tax: \_\_\_\_\_ Date: \_\_\_\_\_

Explanation: \_\_\_\_\_

# HOW TO PROVIDE PROOF OF OWNERSHIP

You must provide us with proof of ownership AND proof of identification before we can process your claim. This proof must show the claimant is legally entitled to receive payment.

## EXAMPLES OF OWNERSHIP PROOF

- ❑ Cancelled check made payable to this agency for quarterly taxes
- ❑ Copy of a Quarterly Report submitted to this agency (Form TREG)
- ❑ Any document received from this agency, showing owner identity

**AND**

## PROOF OF IDENTIFICATION

- ❑ Owner's social security card (copy accepted)
- ❑ Claimant's social security number
- ❑ Claimant's drivers license or State identification card

IF OWNER IS DECEASED, you must attach a copy of the death certificate and legal document (Will, letters testamentary, etc.) that proves your right to the owner's property. (NOTE: A Power of Attorney ceases to be in effect upon death.) You must also provide proof that the owner had a right to that property. This must be proof of a business relationship between that owner and the agency, as shown by the examples listed above.

IF OWNER IS INCOMPETENT, you must attach a copy of the Power of Attorney or other legal document that proves your right to the owner's property. You must also provide proof that the owner has the right to that property. This must be proof of a business relationship between that owner and the agency, as shown by the examples listed above.

Under certain circumstances, additional proof may be required.

Submit request and proof to:

Alaska Department of Labor & Workforce Development  
Employment Security Tax  
Attention: Accounting Supervisor  
P.O. Box 115509  
Juneau, AK 99811-5509