



OFFICE OF THE SECRETARY OF STATE

State of Connecticut
165 Capitol Avenue, Suite 1000
P.O. Box 150470, Hartford, CT 06115-0470

DENISE W. MERRILL

Secretary of the State

SCOTT D. BATES

Deputy Secretary of the State

To whom it may concern,

Attached you will find a refund form to complete to obtain the refund of your overpaid fees. It is preferred you submit this form to us via email. Please complete, sign, and date, then email the fillable form to mss@ct.gov, with the required supporting documentation included. It is also acceptable to fax or mail us the completed, signed, and dated form with the required supporting documentation (see below).

The following items will be required to complete your refund:

- ✓ **Copy of Your Canceled Check** (Front and Back)
- ✓ **Cash or Credit Card Receipt**
- ✓ **Supporting Documentation:** Rejection Notice, Work Order Number, Customer's Name, and Email Address

Please Note: You have the option of using these funds toward another filing with this office. If you choose to use the funds, please return a copy of the letter indicating you have funds on account with your next submission. Funds must be used by the end of each quarter (March 31st, June 30th, September 30th or December 31st) you processed a transaction. Funds that are not used by the end of a quarter are automatically refunded.

All documentations can be emailed to mss@ct.gov, faxed to **860-509-6175** or mailed to:
Office of the Secretary of the State, c/o Financial Unit - P.O. Box 150470 Hartford, CT 06115-0470

The procedures outlined in the Connecticut General Statute, Sec. 4-37, and by the Office of the State Comptroller, involves a lengthy refund process. Assuming your claim is valid, you can expect to receive a refund withing 60 days from the date of receipt by this office.

Please contact the financial unit by email at mss@ct.gov or phone at **860-509-6154**, if we can be of further assistance.

Sincerely,
Fiscal Administrative Manager
OFFICE OF THE SECRETARY OF STATE

Secretary of the State	860-509-6200	Business Services Division	860-509-6002 Fax 860-509-6069
Main Line State Capitol Office	860-509-6121 Fax 860-509-6209	Legislation & Election Administration Division	860-509-6100 Fax 860-509-6127
Deputy Secretary of the State	860-509-6212 Fax 860-509-6131	Management & Support Services	860-509-6190 Fax 860-509-6175

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Secretary of the State of Connecticut

165 Capitol Avenue Mailing Address: P.O. Box 150470; Hartford, CT 06115-0470

Refund Claim for Overpaid Fees

Refunds will not be processed unless they comply with Connecticut General Statutes sec. 3-99a(c), which states in part that the amount must be in excess of \$5.00 and not have accrued for more than one year in order to be refunded.

Additionally, a copy of the front and back of the negotiated check, cash receipt or credit card receipt will be required in order to process a refund claim along with any supporting documentation such as a rejection letter or notice of money on account.

The following information is required to accurately process a refund:

I _____ am the only person or entity having a valid claim to the monies being held on account at the Office of the Secretary of the State.

I request the check be made payable as follows:

NAME: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____ - _____

REFERENCE NUMBER (Optional): _____

WORK ORDER

NUMBER: _____

(Located on Rejection or Acceptance Notice)

CUSTOMER

INFORMATION: _____

(Name and Email Address Associated with Customer Account)

REFUND AMOUNT: _____

The forgoing is made under the penalties of false statement:

FULL NAME (print): _____

TITLE: _____

SIGNATURE: 

Handwritten or Digital Signature Required

DATE: ____/____/____

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