Print Reset

Form **BCA-1.17**
(Rev. Jan. 2003)

Petition for Refund or Review

File #:

Secretary of State
Department of Business Services
Springfield, IL 62756
217-785-2237 or 217-785-6033
www.cyberdriveillinois.com

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

This space for use by Secretary of State.

Payment must be made by check or money order payable to Secretary of State.

Date:

Filing Fee: $5

Approved:

1. Corporate Name: _____

2. State or Country of Incorporation: _____

3. Nature of Claim: (Mark an "X" in one box only.) ❑ Refund ❑ Adjustment of Assessment

4. Amount of Claim: $_____

- No refund will be made from an overpayment of less than $200.
- Any amount to be refunded will be reduced by $200.
- The $200 restrictions DO NOT apply to adjustments of assessments.

5. Reason for Claim and Facts Relied Upon: (For more space, use reverse side or attach additional sheets of this size.)

6. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated _____ , _____ _____
Month & Day Year Exact Name of Corporation

_____
Any Authorized Officer's Signature

_____
Name and Title (type or print)

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