**Section 2525.ILLUSTRATION B Notice to Transfer a Surplus Lines Tax Overpayment**

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| NOTICE TO TRANSFER ASURPLUS LINES TAX OVERPAYMENT |
| Social Security Number (SS) |  |
| Producer Transferring Overpayment |
| By the |  | Surplus Line Producer |
| Name of Producer Transferring Overpayment |
|  |
| Street and Number | City | State | Zip Code |
| The overpayment amount being transferred $ |  | to |
|  |
| Name of Producer Receiving the Overpayment |
| Social Security Number (SS) |  |
| Producer Receiving the Overpayment |
| The monetary amount exchanged for the overpayments transferred $ |  |
| I, |  | , do hereby certify that, to the best of my |
| (print)  |
| knowledge, the matters asserted in this Notice of Transfer are true and correct.  |
|  | Date: |  |  |
| Signature of Surplus Line Producer Transferring the Overpayment  |
|  |
| I, |  | , do hereby certify that, to the best of my |
| (print) |
| knowledge, the matters asserted in this Notice of Transfer are true and correct.  |
|  | Date: |  |  |
| Signature of Surplus Line Producer Receiving the Overpayment  |
| **Internal Department Use Only** |
| Date Transfer was completed |  |  |

(Source: Added at 24 Ill. Reg. 10235, effective July 1, 2000)