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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NOTICE TO TRANSFER A  SURPLUS 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)