



# EMPLOYER CONTRIBUTIONS REFUND REQUEST FORM

Please email completed form and remittance report backup to [refunds@iatsetrainingtrust.org](mailto:refunds@iatsetrainingtrust.org).

TODAY'S DATE	<input type="checkbox"/> CHECK HERE IF YOU ARE A PAYROLL COMPANY REMITTING PAYMENT ON BEHALF OF A SIGNATORY EMPLOYER
ORIGINAL PAYMENT REMITTED BY (EMPLOYER/PAYROLL NAME)	
RETURN ADDRESS	STREET ADDRESS CITY STATE/ ZIP CODE COUNTRY
<b>REFUND CHECK DETAILS</b>	
ORIGINAL PAYMENT DATE	CHECK OR REFERENCE NUMBER
SIGNATORY EMPLOYER NAME	
PROJECT/PRODUCTION TITLE IF APPLICABLE	
AMOUNT PAID	<i>A copy of the original payment must be included with this refund request</i>
CORRECT PAYMENT AMOUNT	<i>Attach supporting documentation to reflect the correct payment amount</i>
REFUND REQUEST AMOUNT	
<b>REASON FOR REFUND REQUEST</b>	
<input type="checkbox"/> DUPLICATE PAYMENT <input type="checkbox"/> OVERPAYMENT <input type="checkbox"/> EXEMPT FROM PAYMENT <input type="checkbox"/> RATE ADJUSTMENT/INCORRECT RATE	
<input type="checkbox"/> OTHER (EXPLAIN):	

Section 401(a)(2) of the Federal Register Rules and Regulations (Vol. 67, No. 140) provides that a contribution or payment of withdrawal liability made to a multiemployer plan due to a mistake of fact or mistake of law can be returned to the employer under certain conditions.

In the case of a contribution or a withdrawal liability payment to the IATSE Training Trust Fund (TTF) which was made because of a mistake of fact or a mistake of law, an employer can establish a right to a refund of the amount mistakenly contributed or paid by filing this claim form with the TTF. The TTF will process and respond to each request in a timely manner. Supporting documents are required to validate the request.

<b>INTERNAL USE ONLY</b>	
<input type="checkbox"/> W9 ON FILE <input type="checkbox"/> REMITTANCE REPORT ATTACHED <input type="checkbox"/> AR VERIFIED PAYMENT (BACKUP ATTACHED)	
APPROVED AMOUNT	
LESS PROCESSING FEE	
REFUND AMOUNT	
IATSE TTF CHECK NUMBER	CHECK DATE