



Douglas J. MacSinnittie  
Commissioner

State of Georgia  
**Department of Revenue**  
1800 Century Blvd.  
Atlanta, Georgia 30345-3205

**Overdraft Reimbursement Form**

Form must be postmarked or emailed by February 14, 2011.

**Taxpayer to Complete the Following:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**Financial Institution to Complete the Following:**

\_\_\_\_\_  
Name and Address of Financial Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Total Amount of Overdraft Fee(s) Assessed

\_\_\_\_\_  
Printed Name, Title, and Phone Number of Financial Institution's Representative

\_\_\_\_\_  
Signature and Date

Bank Seal

Mail to: Georgia Department of Revenue  
Processing Center-ORF  
P.O. Box 105246  
Atlanta, Georgia 30348-5246

Email to: [ORF@dor.ga.gov](mailto:ORF@dor.ga.gov)