

# FORM CT-3911

## Taxpayer Statement Regarding Refund

(New 12/00)

### Part I Refund Information

Check all boxes that apply:

- 1.  I did not receive a refund check.
- 2.  I received a refund check, but it was lost, stolen or destroyed.
- 3.  I received a refund check and signed it.
- 4.  I received correspondence about the tax return. (Please attach a copy if possible.)

Type of return filed:

Individual, Form \_\_\_\_\_  Business, Form \_\_\_\_\_  Other \_\_\_\_\_

Tax period: \_\_\_\_\_ Date filed: \_\_\_\_\_

### Part II Taxpayer Information

Print your name, Taxpayer Identification Number (for individuals, this is your Social Security Number; for businesses, this is your Connecticut Tax Registration Number) and mailing address. If you filed a joint return, you must complete Line 1 and Line 2.

1. Your Name (or business name)	Taxpayer Identification Number
2. Spouse's Name (if joint return)	Taxpayer Identification Number
3. Address (number and street)	PO Box      Apt. No.      City      State      ZIP Code
4. Telephone number where you can be reached between 8 a.m. and 5 p.m.	Daytime Telephone Number (      )

**If any of the above has changed since you filed your tax return, enter the information below exactly as shown on your return.**

5. Name(s) (or business name)	Taxpayer Identification Number(s)
6. Address (number and street)	PO Box      Apt. No.      City      State      ZIP Code
7. Name of individual making the request, if different from above.	Relationship to above individual or title (if business return)
8. Address (number and street)	PO Box      Apt. No.      City      State      ZIP Code

### Part III Signature

Please sign below, **exactly** as you signed the return (for a joint return **both** you and your spouse must sign this form). For business returns, the signature must be of the person authorized to sign the check.

**DECLARATION:** I declare under the penalties of false statement that I have examined this form and, to the best of my knowledge and belief, it is true, complete, and correct. The penalties for false statement are imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.

<b>Please Sign Here</b>	Your Signature	Title (if business return)	Date
	Spouse's Signature (if joint return)		Date

If it is determined that your refund check was cashed, you will receive a copy of the cashed check. If it is determined that your refund check was not cashed, a stop payment will be placed on the original check and you will receive a replacement check. If you do not receive either of the above within six weeks from filing this form, please contact the Refund Unit at: 860-297-4845.

### Part IV Where To File

Mail to: Department of Revenue Services  
Refund Unit  
PO Box 5035  
Hartford CT 06102-5035