



Department of Revenue Services
State of Connecticut
25 Sigourney Street
Hartford CT 06106

Transmittal Form for Submission of Interest Income Information

Name of Transmitter:		
Federal Employer Identification Number (FEIN):		
Address 1:		
Address 2:		
City:	State:	ZIP:

Is transmitter acting as a service bureau for other payers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," list the names of all payers.	
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Technical Contact Person:	Phone: ()
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Customer Representative:	Phone: ()	
Address 1:		
Address 2:		
City:	State:	ZIP:

Tax Year:	Number of Volumes:	Total:
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Diskettes: Software Used:

Tapes:			
Recording Mode: <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII			
Block Size:			
Density:			
Label Information: Non Label:			
Label Numbers	1.	2.	3.
	4.	5.	6.

Mail To: Department of Revenue Services State of Connecticut 25 Sigourney Street Hartford CT 06106 Attention: James Lynch, EDP Audit Unit
