

REQUEST FOR RELIEF – STORM CHARLOTTE 2013

General Instructions: This form is to be completed by those Connecticut taxpayers who were affected by Storm Charlotte 2013. Taxpayers who, as a direct result of the storm, are unable to comply with Connecticut tax payment and/or filing obligations may be eligible for relief from penalty and interest that resulted from their noncompliance. If you believe that you are eligible for relief, please complete this form and send it to:

Department of Revenue Services
Attention: Storm Charlotte Relief
PO Box 2997
Hartford, Connecticut 06102-2997

Taxpayers may also fax this form to the Department at 860-297-4797. This form **must** be signed by the taxpayer or, in the case of corporations, partnerships, limited liability companies, estates and trusts, by a person authorized to execute returns or pay tax on behalf of the taxpayer. For additional information, please contact the Department at (860) 297-4771.

Part 1 – Taxpayer Information

Taxpayer's/Business name	Social Security /CT Registration Number
Spouse's Name (If Joint Liability)	Spouse's Social Security Number
Mailing address	City, State, and Zip Code
Physical Address (Number and Street) (If Different From Above)	City, State, and Zip Code
Daytime telephone number	For DRS Use Only – Case ID Number

Part 2 – Request for Relief: Please complete the appropriate section below.

A. Individuals

1. Please identify the specific tax type (e.g., income tax) and period for which you are seeking relief:

Tax type: _____ Tax period: _____

2. Please identify the due date of the return or payment and the date you actually filed said return or made said payment:

Due Date or Payment Date: _____ Date filed or paid: _____

3. Please check the appropriate box:

I/We are seeking relief from:

Penalty and/or interest that is/are currently due.

Penalty and/or interest that I/we have already paid.

4. Please complete the following:

I/We _____ certify that:
(name)

I/We resided in _____ County during Storm Charlotte and was/were personally affected by the severe storm.
(name of County)

I/We did not reside in an affected county during Storm Charlotte, but my/our records were located in _____ County and were affected by the severe storm.
(name of County)

B. Corporations, partnerships, limited liability companies, estates and trusts:

1. Please identify the person who is making this request and his or her relationship to the entity that is seeking relief:

Name of person: _____ Title: _____

2. Please identify the specific tax type (e.g., sales tax) and the period for which relief is being sought:

Tax type: _____ Tax period: _____

3. Please identify the due date of the return or payment and the date said return was actually filed or the date said payment was actually made:

Due Date or Payment Date: _____ Date filed or paid: _____

4. Please check the appropriate box:

_____ is seeking relief from:
(name of entity)

___ Penalty and/or interest that is/are currently due.

___ Penalty and/or interest that I/we have already paid.

5. Please complete the following:

On behalf of _____, I hereby certify that:
(name of entity)

___ During Storm Charlotte, said business was located in _____ County and was affected by the severe storm.
(name of County)

___ Said business was not located in an affected county during Storm Charlotte, but its records were located in _____ County and were affected by the severe storm.
(name of County)

Part 3 — Declaration

I/We declare under penalty of law that I/we have examined this return (including any accompanying schedules and statements) and, to the best of my/our knowledge and belief, it is true, complete, and correct. I/We understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Signature Title Date

Signature (if joint) Title Date