Form CT-3911

Taxpayer Statement Regarding State of Connecticut Tax Refund

Use Form CT-3911 to report a missing or stolen Connecticut tax refund that was a direct deposit or issued as a check.

**Do not** use this form to report a missing debit card. Contact **Chase Customer Service** at **866-586-1705** to report lost, stolen, not received, or damaged debit cards and to request a new card(s).

## **General Instructions**

Complete this form in blue or black ink only.

Attach copies of any correspondence received from the Department of Revenue Services (DRS) concerning this refund to Form CT-3911.

DRS will provide information concerning your refund in writing. If DRS determines that your refund check was cashed, a copy of the cashed check will be mailed to you. If DRS determines that your refund check was not cashed, a stop payment will be placed on the original check and a replacement check will be mailed to you. If you do not receive any information from DRS within six weeks after filing Form CT-3911, contact DRS at **800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

## Where to File

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

Fax to: 860-297-4757

## Part I Refund Information

Prior to completing Part I, verify with your bank that the refund has not been deposited.

1.	Type of return filed:  Individual  Business  Other			
	Form: Tax period:	Date filed:		
2.	Type of refund requested: 🔲 Direct Deposit	Check		
	If Direct Deposit, enter your bank information:			
	Bank name:	Account #:		
	If Check, identify if the refund check was:	ever received; or   Lost, stolen or destroyed.		
F	Part II Taxpayer Information			
for		address. For individuals, the TIN is your Social Security Number (SSN); hber or Federal Employer Identification Number (FEIN). Check the box must complete Lines 1, 2, and 3.		
1.`	Your name (or business name)	Enter your TIN and check the appropriate box.		
2. 3	Spouse's name (if joint return)	Spouse's SSN		
3.7	Address (number and street) Apt. no. PO Box City	State ZIP Code Home/cell telephone number		
		( )		

## Part III Signature

Sign below **exactly** as you signed the original return. For a joint return, **both** you and your spouse must sign. For business returns, the signature must be of the person authorized to sign the check.

**Declaration:** I declare under penalty of law that I have examined this document and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

	Your signature	Title (if business return)	Date
Please sign here.			
	Spouse's signature (if joint return)		Date