Department of Revenue Services State of Connecticut (Rev. 07/16)

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 DRS concerning this refund to Form CT-3911.

The Department of Revenue Services (DRS) will provide information in writing concerning your refund. 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: **860-297-5703**

Part	Refund Informatio	n						
Prior to	o completing Part I, ve	rify with your b	oank that tl	ne refund ha	s not been	deposi	ted.	
1. Typ	e of return filed:	Individual 🗍 I	Business [Other				
For	m:	Tax period: _		Dat	te filed:			
2. Typ	e of refund requested	: Direct De	posit 🗖 C	heck				
If D	irect Deposit, enter your b	ank information:						
Ban	ık name:			Acc	ount #:			
If C	heck, identify if the refund	check was:	■ Never	received; or	Lost, s	stolen or	destroy	red.
Part	Taxpayer Informat	ion						
for busin	r name, Taxpayer Identification esses, the TIN is your Connecte which TIN you are listing. I	ecticut Tax Registra	tion Number of	r Federal Empl	oyer Identifica			
1. Your name (or business name)				Enter your TIN and check the appropriate box. SSN CT Reg. No. FEIN				
2. Spous	e's name (if joint return)		Sp	oouse's SSN				_
3. Addres	ss (number and street) Apt. n	o. PO Box	City	State	ZIP Code	Home/ce	ell telepho	one number
						()	
Part I	I Signature					'		
	ow exactly as you signed the emust be of the person author			, both you and	your spouse r	nust sign.	For bus	siness returns, the
complete	tion: I declare under penalty e, and correct. I understand the onment for not more than five	ne penalty for willful						
	Your signature			Title (if busine	ss return)	Date		
Please								
sign here.	Spouse's signature (if joint ret	urn)				Date		