Department of Revenue Services State of Connecticut

(Rev. 12/22)

**Form CT-3911** 

Taxpayer Statement Regarding State of Connecticut Tax Refund

File Form CT-3911	using <b>myconne</b>	CT at portal.ct.gov/DRS-myconneCT.

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

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, call DRS Monday through Friday, 8:30 a.m. to 4:30 p.m. at **800-382-9463** (Connecticut calls outside the Greater Hartford calling area only) or **860-297-5962** (from anywhere).

Part	1 Refund Information						
Prior to	o completing Part 1, verify with your bank tha	at the refund	has not been	deposited.			
1. Typ	oe of return filed: 🔲 Individual 🔲 Business	Other_					
For	m: Tax period:	D	Date filed:				
2. Typ	pe of refund requested: 🔲 Direct Deposit 🗍	Check					
If D	Direct Deposit, enter your bank information:						
Bar	nk name:	Ac	Account #:				
If C	Check, identify if the refund check was:						
Part	2 Taxpayer Information						
for busin	r name, Taxpayer Identification Number (TIN), and mailing a lesses, the TIN is your Connecticut Tax Registration Numb te which TIN you are listing. If you filed a joint return, you n	er or Federal Em	ployer Identificati	our Social Security Number (SSN); on Number (FEIN). Check the box			
1. Your n	ame (or business name)	Enter your TIN and check the appropriate box.  SSN CT Reg. No.					
2. Spouse's name (if joint return)		Spouse's SSN					
3. Addres	ss (number and street) Apt. no. PO Box City	State	ZIP Code	Home/cell telephone number			
Dort 1	Signature						
Part 3	Signature ow exactly as you signed the original return. For a joint re	turn <b>both</b> vou an	nd vour spouse m	uust sign. For business returns, the			
	e must be of the person authorized to sign the check.	iam, <b>som</b> you ar	ia your opouco iii	act orgin. For backness retaine, and			
complete	tion: I declare under penalty of law that I have examined to and correct. I understand the penalty for willfully delivering tonment for not more than five years, or both.						
	Your signature	Title (if busin	ness return)	Date			
Please							
sign here.	Spouse's signature (if joint return)	l		Date			