Department of Revenue Services State of Connecticut

(Rev. 12/13)

## **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.

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

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Part	Refund Information		
Prior t	o completing Part I, verify with your bank that	t the refund has not be	een deposited.
1. Tyբ	pe of return filed: 🔲 Individual 🔲 Business	☐ Other	
For	m: Tax period:	Date filed: _	
2. Typ	pe of refund requested:   Direct Deposit	Check	
If D	irect Deposit, enter your bank information:		
Bar	nk name:	Account #: _	
If C	heck, identify if the refund check was:	er received; or   Lo	st, stolen or destroyed.
Part	II Taxpayer Information		
for busir	Ir name, Taxpayer Identification Number (TIN), and mailing an nesses, the TIN is your Connecticut Tax Registration Number te which TIN you are listing. If you filed a joint return, you m	er or Federal Employer Ident	ification Number (FEIN). Check the box
1. Your name (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	
			<b>!</b>
3. Address (number and street) Apt. no. PO Box City		State ZIP Code	
			( )
Part I	Il Signature		
	ow <b>exactly</b> as you signed the original return. For a joint ret e must be of the person authorized to sign the check.	urn, <b>both</b> you and your spou	ise must sign. For business returns, the
complete	tion: I declare under penalty of law that I have examined the, and correct. I understand the penalty for willfully delivering a fine of not more than \$5,000, or imprisonment for not mo	g a false return or document	
Please	Your signature	Title (if business return)	Date
sign here.	Spouse's signature (if joint return)		Date