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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Par	t I Refund Information		
Prior	to completing Part I, verify with your bank tha	t the refund has not b	een deposited.
1. Ty	pe of return filed: 🔲 Individual 🔲 Business	☐ Other	
Fo	orm: Tax period:	Date filed: _	
2. Ty	pe of refund requested: 🔳 Direct Deposit 🗖	Check	
lf	Direct Deposit, enter your bank information:		
Ва	ank name:	Account #:	
lf	Check, identify if the refund check was:	rer received; or	ost, stolen or destroyed.
Par	t II Taxpayer Information		
for bus	our name, Taxpayer Identification Number (TIN), and mailing a inesses, the TIN is your Connecticut Tax Registration Numb cate which TIN you are listing. If you filed a joint return, you m	er or Federal Employer Iden	tification Number (FEIN). Check the box
1. Your name (or business name)		Enter your TIN and check the appropriate box. SSN CT Reg. No. FEIN	
2. Spouse's name (if joint return)		Spouse's SSN i	
3. Add	ress (number and street) Apt. no. PO Box City	State ZIP Code	
Part	III Signature		
	elow exactly as you signed the original return. For a joint refure must be of the person authorized to sign the check.	turn, both you and your spot	use must sign. For business returns, the
comple	ation: I declare under penalty of law that I have examined to te, and correct. I understand the penalty for willfully delivering is a fine of not more than \$5,000, or imprisonment for not more than \$5,000.	ng a false return or document	
Pleas	Your signature	Title (if business return)	Date
sign here	Spouse's signature (ii joint return)		Date