



### Transmittal Form for Submission of Interest Income Information

Name of Transmitter:		
Federal Employer Identification Number (FEIN):		
Address 1:		
Address 2:		
City:	State:	ZIP:

Is transmitter acting as a service bureau for other payers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," list the names of <b>all</b> payers.	
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

Technical Contact Person:	Phone: (    )
Email Address:	

Customer Representative:	Phone: (    )	
Address 1:		
Address 2:		
City:	State:	ZIP:

Tax Year:	Number of Volumes:	Total:
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<b>Electronic Media Type:</b>
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<b>Mail To:</b> Thomas Kaminski Department of Revenue Services Income Tax Audit Unit 450 Columbus Blvd - Suite 1 Hartford CT 06103-1837
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