



Department of Revenue Services
State of Connecticut
25 Sigourney Street
Hartford CT 06106

Transmittal Form for Submission of Interest Income Information

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

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

Technical contact person:	Phone: ()
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Customer representative:	Phone: ()	
Address 1:		
Address 2:		
City:	State:	ZIP code:

Tax year:	Number of volumes:	Total:
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Diskettes: Software used:

Tapes:			
Recording mode: <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII			
Block size:			
Density:			
Label information: Non-label:			
Label numbers	1.	2.	3.
	4.	5.	6.

Mail To: Todd Jefson Department of Revenue Services Compliance Technology Unit 25 Sigourney St - Ste 2 Hartford CT 06106-5032
