

Private Collection Agency Referral Notice

Case ID: &F_CASE_ID
Date Issued: &F_ISSUE_DATE

← REFER TO THIS NUMBER ON ANY CONTACT WITH DRS

&F_ENTITY_1_NAME
 &F_ENTITY_2_NAME
 &F_STREET_1_ADDRESS
 &F_STREET_2_ADDRESS
 &F_STREET_3_ADDRESS
 &F_CITY, &F_STATE &F_ZIP

CT Tax Registration No.: &F_TID
 Corr. ID: &F_CORR_ID

The outstanding tax liabilities detailed on the back of this notice are in the process of being referred to a private collection agency.

Failure to immediately pay the full amount of all tax, penalty, and interest due will result in this action within 10 days of the date of this notice.

For questions about this notice call &F_CONTACT_PHONE_NUMBER.

Summary of Unpaid Bills

Tax Balance	&F_Total_Tax_Amount
Penalty	&F_Total_Penalty_Due
Interest balance as of notice date	&F_Total_Interest_Due
Amount you owe	&F_Amount_Due
Amount due if paid after &F_Interest_End_Dt	&F_Next_Amount_Due

Make remittance payable to: **Commissioner of Revenue Services.**

Write your CT Tax Registration No. on your check. If payment has been made within the last 10 days, please disregard.

DRS may submit your check to your bank electronically.

Please keep this portion for your records. Visit [&F_WEB_SITE](#) for electronic filing and payment options and to download DRS forms and publications.



Coll Agency Notice

R859 (New 05/17)

Notice Date: &F_PRINT_DATE
 Total Amount Due: &F_AMOUNT DUE

Enter amount enclosed \$ _____

If address shown above is incorrect, check box and complete reverse side of this stub.

Mail payment with stub to:

DEPARTMENT OF REVENUE SERVICES
 PO BOX &F_PO_BOX
 HARTFORD CT &F_DRS_ZIP



For DRS Use Only

8590017R019999

&F_TID_&F_LOC
 &F_CASE_ID

&F_ENTITY_1_NAME
 &F_ENTITY_2_NAME

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&F_SCANLINE

Tax liabilities included in case &F_CASE_ID:

Tax Type	CT Tax Reg. No.	Period	Liability No.	DLN	Liability Type	Balance Due
&F_Tax_Type	&F_TID_&Loc	&F_Per_End_Dt	&F_Liab_Nbr	&F_Rtn_DLN	&F_Liab_Type	&F_Bal_Due
&F_Tax_Type	&F_TID_&Loc	&F_Per_End_Dt	&F_Liab_Nbr	&F_Rtn_DLN	&F_Liab_Type	&F_Bal_Due

Address Change

To change your address, please enter the information below:

Name _____ CT Tax Registration Number _____

Physical location (PO Box not accepted)

Street _____

City or Town _____ State _____ ZIP Code _____

Mailing address (If different from physical location)

Street _____

City or Town _____ State _____ ZIP Code _____

Current area code and telephone number (_____) _____

If you are out of business, enter last business date _____ Signature _____