Department of Revenue Services State of Connecticut PO Box 5081 Hartford CT 06102-5081

(Rev. 10/09)

# Form CT-4804

## **Transmittal of Informational Returns** Reported on Compact Disc (CD)

For DRS Use Only

Complete this form in blue or black ink		, 1099-R, and 1099-N	MISC.		
File type     ☐ Original    ☐ Replacement	2. Calendar year reported on CDs		3. Transmitter's Federal Employer ID Number (FEIN)		
4. Number of CDs shipped			5. Number of payee re-	cords reported with transm	ission
5. Transmitter name					
Street address					
City	State	ZIP code			
<ol> <li>Person to contact if there is a problem Name</li> </ol>	Title		Telephone number		
3. Payer summary of informational ret	urns reported on CD. Comple	te for each payer transn	nitted.		
Payer name		Payer name			
Street address	Street address				
City State ZIP Code		City	S	State ZIP Code	
Connecticut Tax Registration No.	FEIN	Connecticut Tax	Registration No.	FEIN	
Return type -1099-MISC 1099-R, W-2G	No. of returns submitted	Return type -109	9-MISC 1099-R, W-2G	No. of returns submitted	
Total nonpayroll amounts reported	\$	Total nonpayroll	amounts reported	\$	
Connecticut tax withheld	\$	Connecticut tax	withheld	\$	
Payer name		Payer name			
Street address	Street address				
City State ZIP Code		City	City State ZIP Code		
Connecticut Tax Registration No.	FEIN	Connecticut Tax	Registration No.	FEIN	
Return type -1099-MISC 1099-R, W-2G	No. of returns submitted	Return type -109	99-MISC 1099-R, W-2G	No. of returns submitted	
Total nonpayroll amounts reported	\$	Total nonpayroll	amounts reported	\$	
		1			

See Declaration Requirements on Back.

Connecticut tax withheld

Declaration: I declare under the penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Connecticut tax withheld

Signature	Title	Date

## Form CT-4804 Instructions

#### **General Instructions**

Complete this form in blue or black ink only.

Use Form CT-4804, Transmittal of Informational Returns Reported on Compact Disc (CD), when sending informational returns on CD to the Department of Revenue Services (DRS). Attach Form CT-1096, Connecticut Annual Summary and Transmittal of Information Returns, only if Connecticut tax was withheld.

Group the returns by return type and transmit each group with a separate Form CT-4804. Use **Form CT-4802**, *Transmittal of Informational Returns Reported on Compact Disc (CD) Continuation*, to report more than four payers

### **Line Instructions**

- Line 1: Check if CD is an original or replacement file.
- **Line 2:** Enter calendar year reported on CD. Report one calendar year per file.
- **Line 3:** Enter transmitter's Federal Employer Identification Number (FEIN).
- Line 4: Enter the number of CDs submitted with this form.
- Line 5: Enter total payee records submitted with this form.
- Line 6: Enter transmitter name and address
- **Line 7:** Enter name, title, and telephone number of person to contact about problem CDs.
- **Line 8:** Use this section to report information for up to four payers. If additional space is needed, use Form CT-4802.

#### **Declaration Requirements**

A transmitter, service bureau, paying agent, or disbursing agent (agent) may sign Form CT-4804 on behalf of the payer (or other person required to file) if both conditions below are met:

- The agent has the authority to sign the form under an agency agreement (oral, written, or implied) that is valid under state law; and
- 2. The agent signs the form and adds the caption "For: (name of payer or other person required to file)."

The authorized agent's signing of the declaration on the payer's behalf does not relieve the payer of the responsibility for filing a correct, complete, and timely Form CT-4804, or the applicable penalties.

#### **CD Labels**

Each CD must be labeled with an external label. See *Example* below.

The external label must identify:

- 1. File type: Indicate if the file is original or replacement.
- Calendar year: The calendar year for which the file is prepared. Only one year may be reported per file.
- 3. Transmitter name: The name of the organization transmitting this file. The entry should be the same organization recorded on the Transmitter Record (T Record) of this file.
- 4. FEIN: The nine-digit Federal Employer Identification Number (FEIN) of the organization transmitting the file. The FEIN on the label should be the same as the FEIN recorded on the Transmitter Record (T Record) of the file.
- No. of payers: The number of payers (A Records) on the file.
- No. of payees: The number of payees (B Records) on the file.
- 7. Record length: The only acceptable record length is 750.
- Volume: Number multiple CD's sequential as Vol. 1 of X. The first CD of a two CD file is labeled Vol. 1 of 2.
- **9. Contact information:** Name and telephone number of the person to contact about this filling.

Send CDs with transmittal form(s) to:

Department of Revenue Services State of Connecticut PO Box 5081 Hartford CT 06102-5081

If a PO Box cannot be used, send to:

Department of Revenue Services State of Connecticut Attn: Processing II, 15th Floor 25 Sigourney St Ste 2 Hartford CT 06106-5032

Do not send paper Forms 1099-MISC, 1099-R, or W-2G.

#### **Forms and Publications**

Visit the DRS website at **www.ct.gov/DRS** to download and print Connecticut tax forms and publications.

**TTY, TDD, and Text Telephone users only** may transmit inquiries anytime by calling 860-297-4911.

### **Example:**

### 1099's and W-2G CD Label

1. File type	2. Calendar year	3. Transmitter FEIN			
☐ Original ☐ Replacement					
4. Transmitter name					
5. Number of payers	6. Number of payees	7. Return type			
		☐ 1099-MISC ☐ 1099-R ☐ W-2G			
8. Volume	9. Contact name	Telephone number			
Vol of		( )			