

Transmittal Form for Submission of State and Local Government Tax Exempt Income (TEI) Information

Name of entity transmitting files:		Federal Employer Identification Number (FEIN):	
Contact person's name and title:			
Mailing address – Line 1:			
Mailing address – Line 2 (optional):			
City:	State:	ZIP Code:	
Phone:	Email:		
Name of vendor that prepared the data files with a contact person's name, phone & email address. (If applicable)			

Indicate if this submission is:

<input type="checkbox"/>	Original
<input type="checkbox"/>	Replacement - Includes replacement of submissions rejected because files were unreadable; incomplete; presented in wrong file layout or format; or on incompatible media.
<input type="checkbox"/>	Correction - Submit a complete replacement file for all records, not just replacements for incorrect records.

List the identity of each entity whose data has been included in this submission. Attach additional lists as needed.

Name of the issuer of the 1099 forms:	FEIN	Contact person's name and phone:
1)		
2)		
3)		

Encrypted and Password Protected Files:

<input type="checkbox"/>	Files are <u>not</u> password protected or encrypted. (Only safe if submitted directly to the Department of Revenue Services using secure methods)
<input type="checkbox"/>	Files are password protected. The password and decryption information will be supplied as follows:
<input type="checkbox"/>	Transmitter will/has sent password in a separate: [] paper mailing or [] email (check one). Be sure to include a copy of this transmittal with the password so the data and password can be matched up.
<input type="checkbox"/>	The Department of Revenue Services should contact transmitter by: [] phone or [] email (check one) to request the password. Supply contact information:
<input type="checkbox"/>	Other – Enter details:

Contact DRS.Datasubmission@ct.gov for all questions and extension requests.