



Complaint About Connecticut State Tax Return Preparer

Return preparer information (*complete all known information*)**1** Preparer's professional status (*mark an X for all that apply*)

<input type="checkbox"/> Attorney	<input type="checkbox"/> Registered tax return preparer	<input type="checkbox"/> Certified Public Accountant (CPA)
<input type="checkbox"/> Enrolled Agent	<input type="checkbox"/> Other/unknown: _____	

2 Preparer's name and address**3** Preparer's business name and address (*if different*)**4** Preparer's telephone number(s) (*include area code*)**5** Preparer's email address**6** Preparer's Web site**7** Preparer's electronic filing identification number (EFIN)**8** Preparer tax identification number (PTIN)**9** Preparer's employer identification number (EIN)**10** Preparer's CT Reg No.**11** Tax year(s) impacted

Nature of complaint (*complete all known information; see instructions*)**12** Review the statements below and mark an X in the box for all that apply

<input type="checkbox"/> Preparer diverted refund to unknown account	<input type="checkbox"/> No PTIN
<input type="checkbox"/> Preparer failed to explain refund anticipation loan	<input type="checkbox"/> Preparer filed return does not match client's copy
<input type="checkbox"/> Preparer failed to provide copy of return	<input type="checkbox"/> Preparer filed return without authorization or consent
<input type="checkbox"/> Preparer failed to return records	
<input type="checkbox"/> Preparer failed to sign returns	
<input type="checkbox"/> Preparer altered or used false documents	
<input type="checkbox"/> Other (<i>explain below</i>)	

Nature of complaint (continued)

13 Provide facts and other information related to the complaint (*attach additional sheets if necessary*)

Your contact information (optional)

14 Relationship to preparer

Client Return preparer working for the same firm

Return preparer working for a different firm Other (specify): _____

Your name (<i>last, first, middle initial</i>)	Date of complaint
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Your mailing address (*number and street, city, state, ZIP code*)

Send completed form with any supporting information to:

Department of Revenue Services
Fraud Prevention Unit
450 Columbus Blvd.
Hartford, CT 06103

or fax to: 959-200-4792