



TENNESSEE DEPARTMENT OF REVENUE
Report of Debts

RV-F1406501 (5/20)

Pursuant to Tenn. Code Ann. §§ 67-1-1802 and 67-1-1808, if you are seeking a refund of \$200 or more, you are required to complete and attach this report to your claim for refund.

Name of Taxpayer \_\_\_\_\_ Account Number \_\_\_\_\_

Street Address of Taxpayer \_\_\_\_\_

City and State \_\_\_\_\_ County \_\_\_\_\_

Check "Yes" if you owe any of the debts listed below to any state agency, department, bureau, commission or other state authority (claimant).

For each debt that you report, attach documentation identifying the claimant to whom you owe the debt and the outstanding balance of such debt as of the date you submit the refund claim. If your refund claim is approved, any or all of your refund payment will be subject to offset and reduced by the amount of any debt owed.

If you do not owe any of the debts listed below to a claimant, check "No."

After completion, please read the paragraphs below and provide a signature and date on the lines provided.

Any person who, with intent to deceive, provides false information on this report is guilty of the Class A misdemeanor offense of perjury.

- Yes No State tax liabilities;
Yes No Child support;
Yes No Overpayment of unemployment compensation benefits;
Yes No Overpayment of medical assistance benefits owed the bureau of TennCare;
Yes No Delinquent student loan payments or other obligation due to the Tennessee student assistance corporation;
Yes No Fees, costs or restitution owed to a clerk who serves a court of criminal jurisdiction;
Yes No Costs of incarceration;
Yes No Judgments or liens in favor of a state agency, department, commission, or bureau;
Yes No Any other debt owed to any other claimant.

I certify that the foregoing report is true and correct to the best of my knowledge and understanding. I further acknowledge that providing false information on this report constitutes the offense of perjury under Tenn. Code Ann. § 39-16-702 and is punishable under the laws of the state of Tennessee.

Signature of Taxpayer, Officer or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

This report must be completed by any taxpayer requesting a claim for refund of taxes in the amount of \$200 or more. This form must accompany all claims for a refund of taxes whether such claims are requested on a claim for refund form, or on a franchise & excise tax return, income tax return, or gift tax return filed with the department.

All information exchanged among the Department of Revenue, the Department of Treasury, and any claimant entity, as defined by statute, is lawful for the purposes of administering Public Chapter 1113 (2010).

Table with 2 columns: Department Use Only (Claim date, Claim no., Account no.) and Mail to (Tennessee Department of Revenue, 12th Floor, 500 Deaderick Street, Nashville, TN 37242)