

TENNESSEE DEPARTMENT OF REVENUE



REPORT OF DEBTS

<b>DEPARTMENT USE ONLY</b>
CLAIM DATE _____
CLAIM NO. _____
ACCOUNT NO. _____

**ATTACH THIS REPORT AND SUPPORTING DOCUMENTATION TO REFUND CLAIM AND MAIL OR FAX TO:**  
**TENNESSEE DEPARTMENT OF REVENUE**  
**ANDREW JACKSON STATE OFFICE BLDG.**  
**12th FLOOR**  
**NASHVILLE, TENNESSEE 37242**  
**FAX (615) 532-6396**

Pursuant to Tenn Code Ann. §§ 67-1-1802 and 67-1-1808, if you are seeking a refund of \$200.00 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 \_\_\_\_\_

Make an "X" in the "Yes" box 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, make a "X" in the "No" box.

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. Claims for refund resulting solely from the payment of estimated taxes that exceed the actual liability established by the initial tax return pursuant to Tenn. Code Ann. § 67-1-1802(a)(1)(A) are not subject to this reporting requirement. Questions should be directed to the department's Refund Unit at (615) 741-0443.

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).