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	n's name and title::						
Mailing address	s – Line 1:						
Mailing address	s – Line 2 (optional):						
City:		State:			ZIP Code:		
Phone: Email:							
Name of vendor that prepared the data files with a contact person's name					and omail address	(If applicable)	
ivallie oi velluo	or that prepared the d	ata illes with a conta	ici person s name, p	nione a	and email address	s. (II арріїсавіе)	
ndicate if this su	ubmission is:						
Origin	Original						
	Replacement- Includes replacement of physical media damaged in mail, replacement of submissions rejected because files were unreadable; incomplete; presented in wrong file layout or format; or on incompatible media.						
	Correction - Submit a complete replacement file for all records, not just replacements for incorrect records.						
ist the identity o	of each entity whose d	ata has been include	d in this submission	Attac	ch additional lists a	is needed.	
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 F	Password Protected F	iles:					
1.	Files are <u>not</u> password protected or encrypted. (Only safe if submitted directly to DRS using secure methods.)						
	Files are password protected. (Do not include the password in the same physical mailing as the data files.) The password and decryption information will be supplied as follows:						
Т	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. DRS should contact transmitter by: [] phone or [] email (check one) to request the password.						
	Supply contact information:						
С	Other – Enter details:						
Tax year:	Count of each type of physical media submitted: CDs			Number of separate files being submitted:		Total number of records being submitted:	
	Us	SB drives (not to be	returned)				
		e if submitted by ail or secure file tran	efor				
	secure em	all of secure file tran	SIEF				

If physical media is mailed it should be protected from both the risk of data theft and physical damage.

Mail submissions of physical media to: Connecticut Department of Revenue Services (DRS)

Income Tax Audit Unit

Attention: 2019 TEI Data Submission

450 Columbus Blvd. - Suite 1 Hartford CT 06103-1837

For more information and updates please visit: www.CT.Gov/DRS/ReportingTEI

For all questions and extension requests please contact: DRS.Datasubmission@po.state.ct.us