



PAUL R. LEPAGE
GOVERNOR

STATE OF MAINE
UNEMPLOYMENT INSURANCE COMMISSION
57 State House Station
Augusta, ME
04333-0057

JENNIFER J. DUDDY, ESQ.
CHAIRMAN

JEAN A. ROY
LABOR REPRESENTATIVE

JOSEPH J. KLAUS
EMPLOYER REPRESENTATIVE

**REQUEST FOR COMMISSION HEARING ON
STATE INCOME TAX REFUND SETOFF**

A copy of the Disposition of Tax Refund Notice, issued by Maine Revenue Services, **MUST accompany this form/request.**

Debtor's Name (Last) (First) (Middle Initial)			Date of Request
Mailing Address (No., Street, or RFD)			Social Security Number of the Claimant-Proprietor-Partner
City	State	Zip	Employer's State Identification Number
Telephone Number			Claim Center Name
Appealed By: <input type="checkbox"/> Claimant <input type="checkbox"/> Proprietorship/Partnership <input type="checkbox"/> Corporation			

Provisions of 36 M.R.S. Section 5276-A.2 require that the hearing be limited to the issues of whether the debt became liquidated and whether any post-liquidation events have affected the liability.

Claimant:

I request a hearing on the intended setoff of my State Income Tax Refund, all or part of which is to be credited to the overpayment established on my benefit account, including interest and penalties.

Reason for Hearing: _____

Employer:

I request a hearing on the intended setoff of State Income Tax Refund, all or part of which is to be credited to contributions, interest, or penalties due the Maine Department of Labor.

Reason for Hearing: _____

Debtor's Signature

Received on _____ By _____
Agency Representative

Questions About This Form?
Contact the Unemployment Insurance Commission at (207) 623-6786, Fax: (207) 287-4554,
TTY Users Call Maine Relay 711