STATE OF MAINE

JENNIFER J. DUDDY, ESQ.

CHAIRMAN

(VACANT)

LABOR REPRESENTATIVE

(VACANT)

EMPLOYER REPRESENTATIVE

UNEMPLOYMENT INSURANCE COMMISSION

57 State House Station

Augusta, ME

04333-0057

PAUL R. LEPAGE

GOVERNOR

**REQUEST FOR COMMISSION HEARING ON**

**STATE INCOME TAX REFUND SETOFF**

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

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| Debtor’s Name (Last) (First) (Middle Initial) | Date of Request |
| Mailing Address (No., Street, or RFD) | Social Security Number of theClaimant-Proprietor-Partner |
| City State Zip | Employer’s State Identification Number |
| Telephone Number | Claim Center Name |
| Appealed By:[ ] Claimant [ ] Proprietorship/Partnership [ ] 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

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