# 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: |  | Social Security Number (Claimant’s): |
| City: State: | ZIP: | Employer’s State Identification Number: |
| Telephone Number: |  | Appealed By:  [ ] Claimant [ ] Proprietorship/Partnership  [ ] Corporation |

36 M.R.S. Section 185-A.2 requires that the hearing be limited to whether the debt owed was fully repaid and whether any post-repayment events have affected what is owed.

Claimant:

I request a hearing on the intended setoff of my State Income Tax Refund, all or part of which will 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 to the Maine Department of Labor.

Reason for Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Debtor 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