



JANET T. MILLS
GOVERNOR

**Maine Department of Labor
Unemployment Insurance Commission
REQUEST FOR COMMISSION HEARING ON
STATE INCOME TAX REFUND SETOFF**

MAINE
DEPARTMENT OF
LABOR

PATRICK ENDE
CHAIRMAN

EDMUND MCCANN
LABOR REPRESENTATIVE

JODI PALMER
EMPLOYER REPRESENTATIVE

**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