

Form CT-4804

FOR DRS USE ONLY

TRANSMITTAL OF INFORMATIONAL RETURNS REPORTED MAGNETICALLY

(For Forms W-2G, 1099-R, 1099-S and 1099-MISC)

NOTE: Form CT-4804 must be accompanied by Form CT-1096

| | | |
|--|---|---------------------|
| 1. Type of file represented by this transmittal <input type="checkbox"/> Original <input type="checkbox"/> Replacement | 2. Calendar year for which media are submitted | 3. Transmitter FEIN |
| 4. Name of transmitter | 5. Name of person to contact regarding magnetic file Telephone number () | |
| 6. Name and address of company and name and title of person to whom problem files are to be returned (street, city, state and ZIP) | 7. Type of media submitted <input type="checkbox"/> Magnetic Tape <input type="checkbox"/> Cartridge <input type="checkbox"/> Diskette | |
| | 8. Total number of media in shipment | |
| | 9. Combined total number of payee records reported | |

10. Please use this section to report information for up to four payers. If additional space is needed, please use **Form CT-4802, Transmittal of Informational Returns Reported Magnetically (Continuation)**

| 10a. Name and address of payer (street or PO box, city, state and ZIP) Federal Employer Identification Number (FEIN) Connecticut Tax Registration Number | 10b. Name and address of payer (street or PO box, city, state and ZIP) Federal Employer Identification Number (FEIN) Connecticut Tax Registration Number | | | | | | | | | | | | |
|--|--|-----------------------|-----------------------|--|--|--|--|----------------|---------------------|-----------------------|--|--|--|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Type of return</th> <th style="width:20%;">Total payee records</th> <th style="width:60%;">Transmitter's media #</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | Type of return | Total payee records | Transmitter's media # | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Type of return</th> <th style="width:20%;">Total payee records</th> <th style="width:60%;">Transmitter's media #</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | Type of return | Total payee records | Transmitter's media # | | | |
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| 10c. Name and address of payer (street or PO box, city, state and ZIP) Federal Employer Identification Number (FEIN) Connecticut Tax Registration Number | 10d. Name and address of payer (street or PO box, city, state and ZIP) Federal Employer Identification Number (FEIN) Connecticut Tax Registration Number | | | | | | | | | | | | |
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In general, the payer must sign the declaration below; however, an authorized agent of the payer may sign if all conditions stated on the back are met.

DECLARATION: I declare under the penalty of false statement that I have examined this transmittal, including any accompanying documents, and to the best of my knowledge and belief it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

INSTRUCTIONS FOR FORM CT-4804

SPECIFIC INSTRUCTIONS

- Block 1:** Indicate whether the data in this shipment is an original or replacement file by checking the appropriate box.
- Block 2:** Indicate the calendar year for which the media is being submitted.
- Block 3:** Enter the transmitter's Federal Employer Identification Number.
- Block 4:** Enter the name of the transmitter. (*See declaration requirements below*)
- Block 5:** Enter the name and telephone number of the person to contact about the magnetic files.
- Block 6:** Enter the name and address of the company, along with the name and title of the person to whom unprocessed media are to be returned. DRS will not return media that have been successfully processed.
- Block 7:** Indicate whether you are submitting data on magnetic tape, cartridge or diskette.
- Block 8:** Enter the total number of media included in your shipment.
- Block 9:** Enter the combined total number of payee records being reported.
- Block 10:** For each payer the name, address, FEIN, Connecticut Tax Registration Number, type of return (1099-R, 1099-S, 1099-MISC and W-2G) and the number of Payee "B" Records.

Transmitter Media Number: If your organization uses an in-house numbering system to identify media, indicate the media number(s) in the appropriate blocks. If your file contains more than one medium (*for example, 1 of 5, 2 of 5, etc.*), indicate the number of the first medium only.

Mailing Address: Send your magnetic media in the same package with transmittal Forms CT-4804 and CT-4802 to the address below.

If a PO Box cannot be used, send to:

State of Connecticut
Department of Revenue Services
PO Box 5081
Hartford CT 06102-5081

State of Connecticut
Department of Revenue Services
Attn: Processing II, 15th Floor
25 Sigourney Street
Hartford CT 06106-5032

Note: Use Form CT-4802, *Transmittal of Informational Returns Reported Magnetically (Continuation)*, if you are reporting for more than four payers.

Substitute Forms CT-4804 and CT-4802: DRS encourages the use of computer-generated substitutes for Forms CT-4804 and CT-4802. The format must include all information requested on these forms including the declaration. (See declaration requirements listed below.)

DECLARATION REQUIREMENTS

A transmitter, service bureau, paying agent, or disbursing agent (*hereafter referred to as "agent"*) may sign Form CT-4804 on behalf of the payer (or other person required to file), if both conditions below are met:

1. The agent has the authority to sign the form under an agency agreement (oral, written, or implied) that is valid under state law.
2. The agent signs the form and adds the caption "For: (*Name of payer or other person required to file.*)"

The authorized agent's signing of the declaration on the payer's behalf does not relieve the payer of the responsibility for filing a correct, complete, and timely Form CT-4804, with attachments, and will not relieve the payer of any penalties for not complying with those requirements.