



Agency Information Update Tax Refund Interception Program

Please fill out the following form with your current TRIP Agency Contact Information. All fields are required.

Section 1 Contact information for debtor's inquiries. The agency name, contact name and phone number will be made public to the debtor.	
Agency Name	Agency ID
Contact Name for Debtor Inquiries	
Debtor Contact Numbers	
Phone <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	
3rd Party Provider Name, if used. If not used write "NA"	

Section 2 Contact information for the government agency.	
Contact Name	
Contact Numbers	
Phone <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing Address	
City	Zip <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	

Section 3 Contact information for recalls.	
Occasionally DOR may contact you to return setoff proceeds. The reasons for recall may be fraud, data entry error, or taxpayer error on tax return.	
Contact Name	
Contact Numbers	
Phone <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing Address	
City	Zip <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	

Send completed forms to:
 Wisconsin Department of Revenue
 Compliance Bureau
 PO Box 8910
 Madison WI 53708-8910

Contact information:
 Fax: 608-261-6226
 Email: DORAgencyCollections@wisconsin.gov
 Phone: 608-264-0344