AR WRITE-OFF REQUEST FORM

FROM

_____
Name (please print)

_____
Department

_____
Position

_____
Phone

PLEASE MAIL TO:
GAB NTR Unit
Office of the Comptroller
One Ashburton Place, 9th Floor
Boston, Massachusetts 02108

Please identify totals in this request: Number of RE lines for WO #_____, Total Amount of all lines $_____

RE __ __ __ __   __ __ __ _____
    Dept   20 Character Document Number   Line# $ Amount to Write Off

WO __ __ __ __   __ __ __ _____
    Dept   20 Character Document Number   Line# $ WO Line amount

RE __ __ __ __   __ __ __ _____
    Dept   20 Character Document Number   Line# $ Amount to Write Off

WO __ __ __ __   __ __ __ _____
    Dept   20 Character Document Number   Line# $ WO Line amount

Please check here if page 2 (or other addendum) is used to record additional WO/RE documents ☐

General Description of Receivables:_____

Has Receivable(s) been placed for collection: YES: _____NO: _____   Intercept: YES: _____NO: _____

Collection Agency Name: _____

Reason for Collection Agency Return: _____
                                      (Attach notification from Collection Agency returning outstanding debt).

Reason Receivable has not been placed for collection or intercept:_____

_____

Reason for write-off: _____

_____

Note: This document **must** have attached: A signed cover letter requesting write-off, a screen print from MMARS of the

WO document in Pending Status, and any supporting documentation i.e. Probate Records, agreements/correspondences.

All preconditions for Write-Off as stated in 815 CMR 9:00 Debt Collection, have been met.

Authorized MMARS Signature: _____   Date: _____/_____/_____

Name (printed): _____Title:_____

For any questions, please contact: OSC-GANon-TaxRevenueUnit@MassMail.State.MA.US .

<div>

Internal Use Only

Date Complete Documents Received _____/_____/_____   Date Approval in MMARS Submitted _____/_____/_____

Manager Approval Signature_____   Date _____/_____/_____

Director Approval Signature _____   Date _____/_____/_____

Deputy Approval Signature, if required _____   Date _____/_____/_____

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Use this page only to add WO requests not identified on page one:

RE __ __ __ __   __   __ __ __   _____
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