

CRS Dispute Form

If you object to the invoice you received, your dispute must be in writing, signed, and delivered as indicated below. Supporting documentation is strongly encouraged as your objection(s) will be considered based on the information you provide with this form. This dispute form will NOT halt interest and penalty assessment (if applicable) on your invoice(s). This dispute submission will halt referral of the invoice to Treasury's Debt Management Services (DMS), but only until a dispute decision is mailed to you.

Instructions:

- 1) Complete Requestor Information: place an **X** in the checkbox of the section(s) that fit your dispute, and document an explanation of your dispute. ALL FIELDS REQUIRED.
- 2) Sign and date form.
- 3) Submit this form and any attachments by Fax, or Mail to:
Fax: 314-418-4121 or **Mail:** CRS Servicing, PO Box 970014, St. Louis, MO 63197

Requestor Information

Name:	Invoice Number:	Date:
Address:		
City, State, Zip:		
Phone Number:		

Select a Dispute Reason

<input type="checkbox"/>	1. Existence of the receivable described in the invoice I do not owe this receivable (Proof contained in documentation provided).
<input type="checkbox"/>	2. I already paid the invoice in full Proof contained in documentation provided (Ex. Check, bank statement, tracking #).
<input type="checkbox"/>	3. Amount of the invoice I do not owe the full amount on invoice (Ex. partially paid or disputing invoiced amount).
<input type="checkbox"/>	4. The validity of the invoice is in question due to an identity issue I have provided proof that this bill does not belong to me (Ex. wrong identity, Jr./Sr.).

Explanation of Dispute

Provide as much information on your request as possible. We strongly encourage you to supply supporting documentation.

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Privacy Act Statement: Collection of this information is authorized by 5 U.S.C. § 552a, 26 U.S.C. §§ 6331 and 6402, 31 U.S.C. §§ 3716, 3720A and 7701(c). This information will be used to identify your receivables (whether current or delinquent) submitted to the Department of the Treasury's Bureau of the Fiscal Service for collection by Federal and State agencies, and to identify payments made or due to you by Federal or State agencies. This information will be disclosed to persons as authorized by you. Additional disclosures of this information may be to Federal and State agencies collecting your debts or issuing payments to you. The purpose of the additional disclosures will be to verify the accuracy of the information provided to the Bureau of the Fiscal Service and to assist such agencies in collecting your debts. Where the taxpayer identification number is your Social Security Number, collection of this information is required by 31 U.S.C. § 7701(c). Failure to furnish the information requested, including your Social Security Number, may delay or prevent proper review and assessment of your request.

Signature: _____

Date: _____