

Taxpayer Statement Regarding Refund

The box checked below is in reply to your inquiry on _____ about your Federal tax return for _____

We sent you the following refund(s) \$ _____, \$ _____, \$ _____ on _____.

Check Direct Deposit

The U.S. Postal Service returned your check because they could not deliver it.

Your check was not cashed within one year of the issue date as the law requires and it can no longer be cashed.

▶ If we indicated above that your check was returned by the Post Office or not cashed within one year of the issue date, please complete Sections I and III of this form and send it back to us in the enclosed envelope or facsimile form to _____. We will send you a new check within six weeks of the date we receive this form.

If you did not receive the refund check, or if you received it and it was lost, stolen or destroyed, please complete Sections I, II and III. Send this form back to us in the enclosed envelope or facsimile form to _____.

▶ If you don't hear from us by six weeks from the date you send the form back to us, please contact us at _____. If you prefer, you may write to us at the service center where you filed your return.

Section I

Print your current name(s), taxpayer identification number (for individuals, this is your social security number, for businesses, it is your employer identification number) and address, including ZIP code. If you filed a joint return, show the names of both husband and wife on lines 1 and 2 below.

1. Your name	Taxpayer Identification Number
2. Spouse's name (if a name is entered here, spouse must sign on line 14).	Taxpayer Identification Number
3. Street	Apt. No. City State Zip code

▶ Please give us a phone number where you can be reached between 8 a.m. and 4 p.m. Include area code. ▶ Area code Number

▶ If any of the above has changed since you filed your tax return, please enter the information below exactly as shown on your return.

4. Name(s)	Taxpayer Identification Number(s)
Street	Apt. No. City State Zip code

▶ If you have filed a power of attorney authorizing a representative to receive your refund check, please enter his or her name and mailing address below.

5. Name of representative	6. Address (include ZIP code)
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7. Type of return: <input type="checkbox"/> Individual <input type="checkbox"/> Business, Form _____ <input type="checkbox"/> Other _____	Tax period: _____
Type of refund requested: <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit Amount: \$ _____	Date filed: _____

Section II

Refund Information (Please check all boxes that apply to you.)

8. I didn't receive a refund. I received a refund check, but it was lost, stolen or destroyed.

9. I received the refund check and signed it.

NOTE: The law doesn't allow us to issue a replacement check if you endorsed it and someone other than you cashed the check, since that person didn't forge your signature.

10. I have received correspondence about the tax return. (Please attach a copy if possible.)

(Please give us the following information if possible.)

11. Name of bank and account number where you normally cash or deposit your checks:

Bank: _____ Account number: _____

12. a. If the refund was a direct deposit, did you receive a "Refund Anticipation Loan"? YES NO

b. Enter the Routing Transit Number(s) _____, _____, _____, and account number(s) _____ shown on your return for the refund you did not receive.

Section III	Certification
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▶ Please sign below, **exactly** as you signed the return. If this refund was from a joint return, we need the signatures of **both** husband and wife before we can trace it.

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, the information is true, correct, and complete. I request that you send a replacement refund, and if I receive two refunds I will return one.

13. Signature (For business returns, signature of person authorized to sign the check)	Date:
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14. Spouse's signature, if required (For businesses, enter the title of the person who signed above.)	Date:
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Section IV	Description of Check (For Internal Revenue Service use only)
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Schedule number	Refund Date	Amount	Other (DLN, Check/Symbol, etc.)

Paperwork Reduction Act Notice – We ask for the information on this form to carry out the Internal Revenue laws of the United States. You aren't required to give us the information since the refund you claimed has already been issued. However, without the information we won't be able to trace your refund, and may be unable to replace it. You may give us the information we need in a letter.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is less than 5 minutes.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to the **Internal Revenue Service**, Attention: Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

DO NOT send this form to this office. Instead, use the envelope provided, or mail it to the Internal Revenue Service center where you would normally file a paper tax return.