



(Please type or print in ink)

The box checked below is in reply to your inquiry about your tax return for 20 \_\_\_\_\_.

- Your check was returned undelivered by the U.S. Postal Service. Please complete all boxes in Section I and sign and return this form to the address below. Your check will be reissued within \_\_\_\_\_ weeks.
- A refund for \$ \_\_\_\_\_ was issued on \_\_\_\_\_. If you have not received the refund, or if it was lost or stolen, please complete all appropriate boxes in Section I. Then sign and return this form so that the refund may be traced. If you have received no further information after 12 weeks, please call us again.

**SECTION I** Please print names and address, including ZIP code, exactly as shown on your tax return. If a joint return, show the names of both husband and wife on lines 1 and 2 below.

1. Your name		2. Spouse's name (if a name is entered here, spouse should sign on line 18)	
3. Mailing address		City	State ZIP code
If you have moved since filing your return, please enter your present mailing address, including ZIP code.			
4. Mailing address		City	State ZIP code
If applicable, enter the name and mailing address of your representative for whom you have power of attorney specifically authorizing him or her to receive your refund check.			
5. Name of representative		6. Address (including ZIP code)	
Please give a phone number where you can be reached between 8 am and 4 pm (include area code)			Area code and telephone no. ( )
7. Type of return filed <input type="checkbox"/> 1040CM <input type="checkbox"/> 1040A-CM <input type="checkbox"/> 1040NMI <input type="checkbox"/> 1040EZ-CM <input type="checkbox"/> 1120CM <input type="checkbox"/> 1120X <input type="checkbox"/> 1040X <input type="checkbox"/> Other (please specify) _____			8. Tax period ended

**CERTIFICATION**

- 9.  I did not receive a tax refund check
- 10.  I received a tax refund check, but it was  Lost  Stolen  Destroyed
- 11.  I endorsed the refund check  I did not endorse the refund check
- 12.  I have received correspondence about this return  I have not received a correspondence about this return  
(If you have, please attach a copy if possible)
- 13.  Amount of refund shown on return \$ \_\_\_\_\_
- 14.  If Revenue and Taxation cannot locate the refund, I request payment be stopped and a new refund issued.

Please write your name(s) below exactly as they were written on the return. If this refund was a joint return, we need the signatures of both husband and wife before we can process the claim.

<b>INDIVIDUAL RETURN</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.		
	15. Your signature	16. Date	17. Your social security number
	18. Spouse's signature (if joint return, BOTH must sign)	19. Date	20. Spouse's social security number
<b>ALL OTHER RETURN (Businesses, Estates, Trusts, etc.)</b>	21. Signature of person authorized to sign	22. Date	23. Employer's ID Number
	24. Title		

**SECTION II** Description of check (For Division of Revenue and Taxation use only)

Schedule number	Date of refund	Amount	District code
Document locator number	RFC symbol	Check number or range (Manual re-issue only)	