

# Check Reissue Form

## (Current Year Checks Only)

Primary Taxpayer:  Customer ID / Last 4 digits of Taxpayer's SSN:

Secondary Taxpayer:  Customer ID can be obtained at [www.sbtpg.com](http://www.sbtpg.com)

Check Number:  Date:  Amount:

Current Telephone #:

**(NOTE: For Lost / Stolen Checks, Use Indemnity Bond)**

1) Reason for requesting Check Reissue:

- Check verified     Check negotiable date has expired     Check damaged
- Check amount too large to cash  
(Split into):     2 Checks     3 Checks

2) Select the box indicating how you would like to receive your check:

- Mail check to Taxpayer(s)     Send check to my Tax Preparer

3) If check is to be mailed to Taxpayer(s), provide mailing address:

|                 |      |       |          |
|-----------------|------|-------|----------|
|                 |      |       |          |
| Mailing Address | City | State | Zip Code |

4) For **Tax Preparers**, you must witness each Taxpayer's signature, sign form and provide EFIN.

**(NOTE: By signing form, Tax Preparers acknowledge being in possession of check being requested for reissue)**

**E-Mail** the following items to: **support@sbtpg.com**

- ~ Copy of Front & Back of Check with "VOID" written across the face of the check
- ~ Unexpired government-issued picture ID (Driver's License, State ID Card, Passport, U.S. Military I.D.)
- ~ Social Security Card

5) For **Taxpayers**, you must **MAIL** all the items listed above plus the **ORIGINAL CHECK** with **"VOID"** on face of check

~ **(NOTE: Requests cannot be processed without ALL of the requested documents)**

By signing below I do hereby attest that the completion of this form is an official request for a check reissue for the individual(s) noted above, and I am legally authorized to request the above noted change. I also agree that the Tax Products Group (TPG) may deny my request.

**I understand that it may take 24 to 72 hours to process my request once all documents are received.**  
**I agree that TPG and its bank partner will not be liable for any costs due to delays in processing this request.**

|                            |                           |                              |      |  |  |
|----------------------------|---------------------------|------------------------------|------|--|--|
|                            |                           |                              |      |  |  |
| Primary Taxpayer Signature | Date                      | Secondary Taxpayer Signature | Date |  |  |
|                            |                           |                              |      |  |  |
| Tax Preparer Signature     | Tax Preparer Name (Print) | EFIN                         | Date |  |  |