

11085 N. Torrey Pines Rd, Suite 210 La Jolla, California 92037

Check Reissue Form

(Current Year Checks Only)

| Primary Taxpayer: | | Customer ID / Last 4 | | | | | | |
|---|-------------------|---|-----------|---------------|--|--|--|--|
| Secondary Taxpayer: | | digits of Taxpayer's SSN: | | | | | | |
| | | Customer ID can be obtained at www.sbtpg.com) | | | | | | |
| Check Number: Date: | | A | mount: | | | | | |
| 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 you | r 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) | | | | | | | | |
| Fax the following items to: 858-430 | -2795 OR E-M | ail to: support@sbtpg | g.com | | | | | |
| ~ Copy of Front & Back of Check with "VOI | D" written acro | ss the face of the cheo | :k | | | | | |
| ~ Unexpired government-issued picture ID (I | Driver's License, | State ID Card, Passport | t, U.S. M | ilitary 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 Na | me (Print) | EFIN | Date |