

Taxpayer Name Correction Form

Primary Taxpayer: Customer ID/Last 4 digits of Taxpayer’s SSN:
 Secondary Taxpayer: (Customer ID can be obtained at www.sbtpg.com)
 Current Mailing Address: (For person(s) claiming check)

Current Contact Number:

Correct Name (print):

Reason for Name Change (check only one)

Marriage

- ~ Copy of Marriage Certificate
- ~ Copy of unexpired government-issued ID**
- ~ Copy of Social Security Card

Divorce

- ~ Copy of Divorce Decree
- ~ Copy of unexpired government-issued ID**
- ~ Copy of Social Security Card

Name Misspelled

- ~ Copy of unexpired government-issued ID**
- ~ Copy of Social Security Card

Wrong Name Mistakenly Input by Tax Preparer

- ~ Copy of unexpired government-issued ID**
- ~ Copy of Social Security Card

Legally Changed

- ~ Copy of Court Document
- ~ Copy of unexpired government-issued ID**
- ~ Copy of Social Security Card

** MUST be a Picture ID (For person(s) claiming check)

- 1) For **Tax Preparers**, witness each Taxpayer’s signature, sign form, provide EFIN and Copy of Check with “VOID” written across the face of the check. E-Mail required documents listed above, completed form and Check Copy to: support@sbtpg.com
(NOTE: By signing form, Tax Preparer acknowledges retaining Original Check being requested for Name Change.)

- 2) For **Taxpayers**, If Tax Preparer doesn’t witness your signature(s), sign the form & provide their EFIN. You must:
 ~ **MAIL ALL** documents (for each Taxpayer) listed under reason for Name Change, plus the **Original Check** (Make sure to write “VOID” across the face of the check) to: TPG – Professional Division
 11085 N. Torrey Pines Rd. Suite 210
 La Jolla, CA 92037

I understand it may take up to 15 business days to process my request once all documents are received. I agree that Santa Barbara Tax Products Group, LLC (TPG) and its bank service provider will not be liable for any costs due to delays in processing this request.

NOTE: All check reissues will be mailed to taxpayer (If ERO prints on TPG website, Check may be printed in office).

By signing below, I do hereby attest that I am legally authorized to receive the funds due and payable noted above and to request a correction of the name(s) noted upon the check; with full understanding that any requests with the intent to defraud is punishable by State and Federal Law.

Primary Taxpayer Signature	Print Name Primary Taxpayer	Date
Secondary Taxpayer Signature	Print Name Secondary Taxpayer	Date
Signature of Tax Preparer	Print Name	EFIN Date