

## Check Reissue Form (Current Year Checks Only)

Primary Taxpayer: Customer ID/Last 4  
Digits of Taxpayer's SSN:  
(customer ID can be obtained at www.sbtpg.com)

Secondary Taxpayer:

Check Number: Check Date: Check Amount:

Current Mailing Address:

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

1. Reason for requesting Check Reissue:
 

Check damaged	Check negotiable date expired	Check did not print at Preparer's office
Check verified and not paid		
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) address above
  - Send Authorization for the Tax Preparer to print
  - Mail check to my Tax Preparer
3. 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](mailto:support@sbtpg.com)
  - ~ Copy of Unexpired government-issued picture ID (Driver's License, State ID Card, Passport, U.S. Military I.D.)
  - ~ Copy of Social Security Card ~ Voided check copy (front and back)
4. For **Taxpayers**, if ERO is not signing the form, you must **MAIL** all the items listed above plus the **ORIGINAL CHECK** with **"VOID"** on face of check to:

TPG – Professional Division  
11085 N. Torrey Pines Rd, Suite 210  
La Jolla, CA 92037

**(NOTE: Request cannot be processed without ALL 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 understand and agree that my request is subject to verification by the Santa Barbara Tax Products Group, LLC of all information provided above.

**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 service provider will not be liable for any costs due to delays in processing this request.**

Primary Taxpayer Signature	(Print) First and Last Name	Date
Secondary Taxpayer Signature	(Print) First and Last Name	Date
EFIN Owner Signature	(Print) First and Last Name	EFIN# <span style="float: right;">Date</span>