

# Affidavit and Agreement For Reissuance of Warrant

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**Did you know?** You can submit this request electronically on GovConnectIowa. Find the link and additional information at <u>revenue.iowa.gov</u>. Otherwise, complete this form and either mail or fax it to the Department.

You must wait a minimum of 14 days from the issue date of the original warrant/check before submitting a request. You must return this form, original warrant (if available), AND the required documentation listed below.

# **Reason for Request:**

□ Original warrant was not received

- Original warrant is lost or stolen
  Original warrant needs name correction
- Original warrant was destroyed or damaged
- □ Original warrant is outdated (more than 6 months from the original warrant date)
- □ Taxpayer Deceased (Submit a copy of the death certificate **AND** IRS Form 1310)

# **Required Documentation:**

# Individuals:

- Copy of current driver's license or government-issued photo ID
- Proof of current mailing address
- Signed Request for Warrant Cancellation Form (Complete ONLY Section 4)

**Note:** For joint refunds, both taxpayers must provide the required documentation and sign the forms. For a deceased taxpayer, the person claiming the refund must provide proof of their own identity.

# **Businesses:**

- Proof of federal ID number (Ex. Any official state or federal government document showing the business name and federal employer identification number.)
- Proof of current mailing address
- Signed Request for Warrant Cancellation Form (Complete ONLY Section 4)

| Warrant number: |      | Dated: | Amount:   |
|-----------------|------|--------|---|
| Payee name(s):  |      |        | SSN or Tax ID number:   |
| Address:        |      |        | City:   |
| State:          | ZIP: |        | If this is a permanent address, change check this box. $\Box$ |
| Phone:          |      |        | Email:  |

I request the original warrant to be stopped and a replacement warrant issued. Should the original warrant come into my possession, I will not attempt to cash it and will return it immediately. Neither I nor anyone on my behalf has deposited or cashed this check.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this affidavit, and, to the best of my knowledge and belief, it is true, correct, and complete.

| Signature of Payee (or Authorized Agent): _ | Date: |       |
|---|-------|-------|
| Signature of Co-Payee (if applicable):      |       | Date: |

**Submit** by mail to Internal Services - Accounting, Iowa Department of Revenue, PO Box 10460, Des Moines, IA 50306-0460, or FAX to 515-281-5830.

The integrity and security of sending personal information via fax cannot be guaranteed. By submitting this form via fax, you agree to hold the Department harmless if a fax results in third party access to the information.

Questions? Contact Taxpayer Services at 515-281-3114 or 800-367-3388

# **REQUEST FOR WARRANT CANCELLATION**

#### SECTION 1 - Required - Warrant Information - To be Completed by Issuing Department Only

If an incorrect vendor name was previously entered, a warrant will not be issued.

| Dept No.                                 | Warrant No. | I/3 Document ID | Issue Date    | Amount |  |  |  |  |
|--|-------------|-----------------|---------------|--------|--|--|--|--|
|  |             |                 |               |        |  |  |  |  |
| Payable to:                              |             |                 |               |        |  |  |  |  |
| Optional Routing/DBA:                    |             |                 |               |        |  |  |  |  |
| Street Address:                          |             |                 |               |        |  |  |  |  |
| City:                                    |             |                 | State:        | Zip:   |  |  |  |  |
| Issue New Warrant: No Yes - Explanation: |             |                 |               |        |  |  |  |  |
| Dept Contact:                            |             | Phone:          | Request Date: |        |  |  |  |  |
| Additional Dep                           | ot Info:    |                 |               |        |  |  |  |  |

# **SECTION 2 - Warrant Is Attached** - To be Completed by Issuing Department Only

Cancel Warrant/Original Is Attached Procedure 270.550

- Complete Section 1, attach warrant to this document, then mail to issuing department.
- Issuing department sends finalized document to internal office or State Accounting Enterprise.

#### SECTION 3 - Warrant Not Attached - To be Completed by Issuing Department Only

Cancel Warrant/Original Not Attached Procedure 270.550

- Issuing department completes Section 1, then sends this document to Payee for signature.
- Payee must return signed document to issuing department for processing.
- Issuing department sends finalized document to internal office or State Accounting Enterprise.

To prevent future warrant cancellations, consider issuing an EFT.

# SECTION 4 - Payee Certification - To be Completed by Payee and Returned to Issuing Department

#### I, the Payee, certify that:

- I have not received the State of Iowa warrant above, which was made in my name and I have no knowledge of its whereabouts; or
- I received the warrant above, but it has been lost, damaged, or destroyed before I could redeem it.

In consideration of cancelling the above warrant, I agree to promptly surrender the original warrant (described above) if it ever returns to my possession or control to the issuing department.

# I certify under penalty of perjury, and pursuant to the laws of the State of Iowa, that this statement is true and correct.

Handwritten Signature of Payee