

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 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- Original warrant is outdated (more than 6 months from the original warrant date)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 with any required documentation)
- Original warrant is lost or stolen
- Original warrant needs name correction

**Required Documentation:**

Individuals:

- Copy of current driver's license or state-issued photo ID
- Proof of current mailing address
- Signed Request for Warrant Cancellation Form (*Please skip Sections 1 and 2, complete ONLY Section 4 of the Request for Warrant Cancellation Form.*)

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. (*Please skip Sections 1 and 2, complete ONLY Section 4 of the Request for Warrant Cancellation Form.*)

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.

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: \_\_\_\_\_

**Mailing and Contact Information:**

Fax: 515-281-5830  
Email: IDREFT@iowa.gov  
Phone: 800-367-3388 or 515-281-3114

Mail: Iowa Department of Revenue  
Attn: Internal Services – Accounting  
PO Box 10460  
Des Moines, IA 50306-0460

## 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. | 1/3 Document ID | Issue Date    | Amount |
|--|-------------|-----------------|---------------|--------|
| Payable to:  |             |                 |               |        |
| Optional Routing/DBA:  |             |                 |               |        |
| Street Address:  |             |                 |               |        |
| City:  |             |                 | State:        | Zip:   |
| Issue New Warrant: <input type="checkbox"/> No <input type="checkbox"/> Yes - Explanation: |             |                 |               |        |
| Dept Contact:  |             | Phone:          | Request Date: |        |
| Additional Dept 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

\_\_\_\_\_  
Printed Name of Payee

\_\_\_\_\_  
Date