

STATE OF NEW YORK
 OFFICE OF THE STATE COMPTROLLER
 BUREAU OF STATE PAYROLL SERVICES

REPORT OF CHECK EXCHANGE
See Instructions on Reverse Side

Agency: _____ Date: _____

Fiscal Officer: _____ Agency Code: _____

Reason for Exchange of Check	
<input type="checkbox"/>	Death of Payee (attach appropriate forms/letter)
<input type="checkbox"/>	Incorrect Amount
<input type="checkbox"/>	Incorrect Payee Name
<input type="checkbox"/>	Other – Please explain: _____

Payee's Name As It Appears
 on Paycheck: _____

Check No: _____

Employee's NYS EMPLID or full Tax ID #: _____

Check Date: _____

Amount of check returned by agency: \$ _____

Draw the following checks to:

(1) Commissioner of Taxation and Finance: (1) \$ _____

(2) Payee: _____ (2) \$ _____

Payee's SSN or Tax ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(3) Payee: _____ (3) \$ _____

Payee's SSN or Tax ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(4) Payee: _____ (4) \$ _____

Payee's SSN or Tax ID#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Total: \$ _____
 (Lines 1 thru 4)

FOR AGENCY USE ONLY	FOR OSC USE ONLY
Approved by: _____	Approved by: _____
Print or Type Name: _____	Signature: _____
Signature: _____	Date: _____
Date: _____ Phone No. _____	

Instructions for Completing Report of Check Exchange

- 1.** A separate form AC 1476-P must be submitted for each check exchange requested.
- 2.** Enter agency's name, name of fiscal officer, date and agency code.
- 3.** Check the reason for the exchange in the block provided. If "Other" is checked, please note the reason in the space provided. If "Death of Payee" is the reason for the exchange, a Next of Kin Affidavit (AC 934-P) and a copy of the death certificate must accompany this form. If a check(s) is to be made payable to the Estate of an employee, a Letter of Administration or a Letter of Testamentary also must be attached.
- 4.** Enter the payee's name as it appears on the paycheck. Enter the employee's NYS EMPLID or the full Tax Identification number (TIN), check number and check date. Please note that the Form AC 1476-P will not be processed without a NYS EMPLID or TIN.
- 5.** Enter the amount of the check being returned by the agency.
- 6.** Use line (1) when a check is drawn to the Commissioner of Taxation and Finance for the difference between the exchange check and the original check. On line (2), complete the Name, Social Security or Tax Identification number and the amount of the exchange check to be issued to the new payee. If necessary, lines (3) & (4) may be used for additional payees with Social Security or Tax Identification numbers and addresses.
- 7.** FOR AGENCY USE ONLY block: This is to be completed by the agency personnel submitting the form. Please date, sign and provide a telephone number.
- 8.** Submit form to: Office of the State Comptroller, Remittance Control,
110 State Street, 2nd Floor, Albany, NY 12236.