

NYS Office of the State Comptroller
Revenue Refund Unit
110 State Street - 9th floor
Albany, NY 12236

APPLICATION BY INDIVIDUAL, CORPORATION, OR ASSOCIATION FOR ISSUANCE OF A DUPLICATE CHECK
(Original Check less than 1 year old)

1. INDIVIDUALS

I, _____ (First Name, Initial, Last Name) certify that:
I reside at _____ (No. and Street)
_____ (City, State, Zip Code)

1.a. CORPORATION, PARTNERSHIP, OR ASSOCIATION

I, _____ (First Name, Initial, Last Name) certify that:
I am _____ (Title) of the _____ (Business Name)
 Corporation
a Partnership organized under the laws of the State of _____
 Association
and has its office or principal place of business at: _____ plus mailing address (if different):
_____ (No. and Street) _____ (No. and Street)
_____ (City, State, Zip Code) _____ (City, State, Zip Code)

2. I hereby make application for the issuance of a duplicate check to replace:

Check No. _____, dated _____, drawn on _____
_____, Account number _____, in the amount of _____
payable to the order of _____

3. I hereby affirm that: (check one)

- I am the owner of and entitled to full and exclusive possession of the above described check OR
- I am authorized to certify this application for the applicant OR
- I am entitled to the above described check because: _____

4. To the best of my knowledge, the above described check was:

- Not received by me
- Lost
- Stolen
- Mutilated, defaced, or destroyed and therefore cannot be negotiated (Please submit check with this application)

5. If lost or stolen, the check WAS WAS NOT endorsed by me.

6. Except as stated above, the whereabouts of said check is unknown to me.

7. In consideration of the issuance of a duplicate check payable as originally drawn, if I have not done so already, I agree to surrender the original check to the Comptroller of the State of New York should the original check at anytime hereafter come into my possession or control, and I further agree to reimburse the State of New York for any loss or damage by reason of the issuance of the duplicate check for which my application is made herein.

8. I hereby affirm the above to be true under the penalties of perjury.

9. _____
(Signature of Applicant or Representative)

10. _____
Social Security Number (Individuals) OR Taxpayer ID Number (Corporations, etc.)

11. _____
(Date)