



UNCLAIMED CHECK REQUEST

For calendar year _____

FOR OFFICE USE ONLY
Date Received

• Please read the instructions on page 2.

SECTION 1. Complete all boxes.

Last name (or business name)	First name and initial	Social Security number (BIN or FID if a business)
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Name as it appears on the unclaimed check list, if different from above

Spouse's last name, if different and/or joint return	Spouse's first name and initial, if joint return	Spouse's Social Security number, if joint return
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Current address

Current mailing address (if different from above)

City	State	ZIP code	Current home phone: ()
			Current cell phone: ()
			Current message phone: ()

SECTION 2. Check the appropriate box.

I am (we are) the:

- Payee(s) (taxpayer).
- Surviving spouse (or trustee). Complete and attach Form 243 (150-101-032).
- Legal representative. Complete and attach a *Power of Attorney and Declaration of Representative* form (150-800-005).

SECTION 3. Check the box if you want your portion of the refund issued separately.

- I request that my portion of the joint refund be issued separately (see the instructions).

SECTION 4. You must sign the form.

DECLARATION

I declare under the penalties for false swearing [ORS 305.990(4)], that to the best of my knowledge, the above is true, correct, and complete.

SIGN HERE	X	_____	_____
		Your signature	Date
	X	_____	_____
		Spouse's signature	Date

Mail signed and completed form to: **Finance Section**
Oregon Department of Revenue
955 Center St NE
Salem OR 97301-2555

UNCLAIMED CHECK REQUEST INSTRUCTIONS

What is the purpose of this form?

Use this form to request a replacement refund check. Each year the Department of Revenue receives many returned, unclaimed tax refund checks. For a variety of reasons, the checks could not be delivered to the addressee. When we receive a returned check, we search for a newer address. If we find one, we mail the check to it. If we can't find a newer address, we hold the check for two years. If no one has claimed the refund after two years, we are required by law to turn it over to the Division of State Lands.

Who should use this form?

If you see your current or former name on the unclaimed check list and think we may be holding your unclaimed refund, use this form to claim a replacement check. If you are the surviving spouse or a trustee of a deceased taxpayer, use this form to claim a refund for the deceased person. Also use this form to claim a refund for someone else who has authorized you to represent him or her with the department.

How do I complete this form? (Section 1)

Print this form. We must receive this signed form in order to process your claim.

Name. Fill in your current name even if it is different from the name that may be on the refund check or the unclaimed check listing.

Social Security number. You must give us your Social Security number if you are an individual. Businesses must enter either a federal identification number or an Oregon business identification number. The number will be used to confirm you are the rightful owner of the refund.

Spouse's name. If the refund was originally claimed on a joint return, fill in your spouse's name and Social Security number as it appeared on the joint return. If you want to receive your portion of a joint refund in your name only, see the instructions below.

Which box should I check? (Section 2)

Payee. Check this box if the original refund belongs to you. Check this box even if your name is now different from the name on the check or the unclaimed check listing.

Surviving spouse (or trustee). Check this box if the owner of the refund is now deceased, and you are the surviving spouse or trustee of the deceased person. Also attach Form 243, *Claim to Refund Due a Deceased Person*.

Legal representative. Check this box if the refund owner has authorized you to represent him or her. You must attach a completed *Power of Attorney and Declaration of Representative* form.

Can I get a separate refund? (Section 3)

If you filed a joint return but want your portion of the refund issued in your name only, check the box. Your refund will be apportioned based on the gross earnings of each spouse as reported on the tax return.

Where do I send the form?

After completing and signing your form, mail to:

**Finance Section
Oregon Department of Revenue
955 Center St NE
Salem OR 97301-2555**

Allow two to three months for a response. Interest is not paid on replacement checks. Replacement checks are subject to collection if you owe taxes or other debts assigned to the Oregon Department of Revenue. You will receive the remaining refund, if any, and an explanation.

Questions?

General tax information..... www.oregon.gov/DOR
Salem 503-378-4988
Toll-free from an Oregon prefix 1-800-356-4222

Asistencia en español:

Salem 503-378-4988
Gratis de prefijo de Oregon..... 1-800-356-4222

TTY (hearing or speech impaired; machine only):

Salem 503-945-8617
Toll-free from an Oregon prefix..... 1-800-886-7204

Americans with Disabilities Act (ADA): Call one of the help numbers for information in alternative formats.