CLEAR

Form **3911**
(Rev. January 2007)

Department of the Treasury – **Internal Revenue Service**

Taxpayer Statement Regarding Refund

OMB NO. 1545-1384

The box checked below is in reply to your inquiry on _____ about your Federal tax return for _____

We sent you a refund for $ _____ on _____ . We sent the following refund(s) $ _____ ,
$ _____ , $ _____ on _____ . ☐ **Check** ☐ **Direct Deposit**

☐ The U.S. Postal Service returned your check because they could not deliver it.

☐ Your check was not cashed within one year of the issue date as the law requires and it can no longer be cashed.

▶ If we checked one of the above boxes, please complete Sections I and III of this form and send it back to us in the enclosed envelope or facsimile form to _____ . We will send you a new check within six weeks of the date we receive this form.

☐ If you did not receive the refund check, or if you received it and it was lost, stolen or destroyed, please complete Sections I, II and III. Send this form back to us in the enclosed envelope or facsimile form to _____ .

▶ If you don't hear from us by six weeks from the date you send the form back to us, please contact us at _____
If you prefer, you may write to us at the service center where you filed your return.

Section I

Print your current name(s), taxpayer identification number (for individuals, this is your social security number, for businesses, it is your employer identification number) and address, including ZIP code. If you filed a joint return, show the names of both husband and wife on lines 1 and 2 below.

1. Your name	Taxpayer Identification Number
2. Spouse's name *(if a name is entered here, spouse must sign on line 14).*	Taxpayer Identification Number

3. Street | Apt. No. | City | State | Zip code

▶ Please give us a phone number where you can be reached between 8 a.m. and 4 p.m. Include area code. ▶ Area code Number

▶ If any of the above has changed since you filed your tax return, please enter the information below exactly as shown on your return.

4. Name(s)	Taxpayer Identification Number(s)

Street | Apt. No. | City | State | Zip code

▶ If you have filed a power of attorney authorizing a representative to receive your refund check, please enter his or her name and mailing address below.

5. Name of representative	6. Address (include ZIP code)

7. Type of return: ☐ Individual ☐ Business, Form _____ ☐ Other _____ Tax period: _____
Type of refund requested: ☐ Check ☐ Direct Deposit Amount: $ _____ Date filed: _____

Section II

Refund Information
(Please check all boxes that apply to you.)

8. ☐ I didn't receive a refund. ☐ I received a refund check, but it was lost, stolen or destroyed.

9. ☐ I received the refund check and signed it.

NOTE: The law doesn't allow us to issue a replacement check if you endorsed it and someone other than you cashed the check, since that person didn't forge your signature.

10. ☐ I have received correspondence about the tax return. (Please attach a copy if possible.)

(Please give us the following information if possible.)

11. ☐ Name of bank and account number where you normally cash or deposit your checks:
Bank: _____ Account number: _____

12. a. If the refund was a direct deposit, did you receive a "Refund Anticipation Loan"? ☐ YES ☐ NO

b. Enter the Routing Transit Number(s) _____ , _____ , _____ , and account number(s) _____ , _____ , _____ shown on your return for the refund you did not receive.