



Franchise Tax Board Use Only

Received Date: _____

Claim Number: _____

Replacement Warrant Claim

Complete and sign this form to request a replacement warrant for a stale-dated warrant (i.e., expired check). Please print or type all information. Attach copies of any documentation that supports your claim, including expired or substitute warrants issued in place of a stale-dated warrant.

Is your claim for a replacement of a stale-dated warrant (i.e., expired check)? Yes No (If the answer is No, then this form does not apply.)

Claimant

First Name	MI	Last Name	Phone Number
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SSN, ITIN, or FTB ID (if claimant is the taxpayer to whom the stale-dated warrant was initially issued)

Street Address (number and street) or PO Box	City	State	ZIP Code
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Email Address

Claim Information

Dollar Amount of Stale-Dated Warrant \$ _____

Stale-Dated Warrant Issue Date (mm/dd/yyyy) _____

If the claimant is not the taxpayer to whom the stale-dated warrant was issued, provide the following information:

Taxpayer Name	SSN, ITIN, or FTB ID
Street Address (number and street) or PO Box	Claimant Relationship to Taxpayer

Explain why the stale-dated warrant was not redeemed within three years and is in need of replacement:

Signature Authorization

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code Sections 72, 118, and 126).

Print Name	Phone Number
Signature (required for claim processing) X	Date

Attorney or Representative

You must have a valid power of attorney (POA) from the taxpayer for the tax year for which a warrant will be reissued. Go to ftb.ca.gov and search for **poa** for additional information about how to submit your POA.

Mail this completed form to us at: RETURNED WARRANT DESK, FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.

Franchise Tax Board Privacy Notice

For privacy information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.