

Expired Check Form

By submitting this form, you are asking Refund Advantage to reissue an expired check for a taxpayer.
Please note, all prior year expired checks will be printing at Refund Advantage and mailed to the TP or ERO.
Please call Customer Support at 800-967-4934 if you have any questions.

EFIN:	ERO Name:
Taxpayer's Name:	Last 4 of SSN:
Spouse's Name:	Last 4 of SSN:
Date check expired:	Check Amount:
Mailing preference: <input type="checkbox"/> ERO <input type="checkbox"/> TAXPAYER	Mailing Address:
Taxpayer's Signature:	Date:
Spouse's Signature:	Date:

ATTENTION: Have you attached the following REQUIRED documents?

- Photo ID for all updates
- Proof of Address for address updates
- Voided expired check

Upload this form and all required documents online at www.refund-advantage.com or email them to taxforms@metabank.com

ERO Signature: _____ Date: _____