STATE OF CALIFORNIA
Franchise Tax Board

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Business Entity 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 warrants 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

Entity Name _____ | Phone Number _____

Entity ID (FEIN, Corp. Number, SOSL) _____

Street Address (number and street) or PO Box _____ | City _____ | State ____ | ZIP Code _____

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:

Business Entity's Name _____ | Entity ID (FEIN, Corp Number, SOSL) _____

Street Address (number and street) or PO Box _____ | Claimant Relationship to Business _____

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 _____ | Title _____ | Phone Number _____

Signature **(required for claim processing)** | Date _____

X

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.