FI 12 AR
11/2025
Division of Finance

For questions, please call **(801) 957-7760**
or email **fi_disbursements@utah.gov**

***Note**: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.*

Date _____
MM/DD/YYYY

Clear Form

Lost Check Replacement Form

Mail form and replacement check to the following address:

Name _____

Address _____

Address _____

City/St/Zip _____

Replacement Check Instructions:

- ○ Mail
- ○ Hold for Pickup
- ○ Mail with attachment

Notes:

Information to be Provided by the Payee(s)

I/We confirm that the check made payable to me/us is missing or expired. I/We request that the State of Utah, Division of Finance, stop payment on the original check and issue a replacement. **If I/we locate the original check, I/we agree that I/we will not to deposit or cash it.** Please allow 14-21 days for processing and mailing of the replacement check.

_____

Signature of Payee — Email / Telephone #

_____

Signature of Joint Payee (if lost check is a joint tax return) — Email / Telephone #

If you do not know the original check number or other required information, please contact the Division of Finance or the agency you are working with.

Email/Fax Completed Form To: fi_disbursements@utah.gov / **(385) 465-6013**

Or Mail Completed Form To:
Division of Finance
Disbursements Office
4315 South 2700 West Fl 1
Taylorsville, Utah 84129

The information below is required for the Division of Finance to process this request.

Payee _____

Payee(s) (If lost check is a joint tax return, both names should be listed) _____

Original Check Number _____ Duplicate Check Number _____

Check Amount _____ Check Date _____ (MM/DD/YYYY) Date Duplicate Check Mailed/Released _____ (MM/DD/YYYY)