

# **CHECK REISSUE FORM—EXPIRED CHECK**

*OODA v. NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE*  
Supreme Court, State Of New York, Albany County, No.: 5551-13, RJI No.: 01-13-111950

**YOU MUST RETURN THE ORIGINAL CHECK ALONG WITH THIS FORM.**

**THIS FORM IS FOR THOSE WHOSE CHECKS HAVE EXPIRED.**

If you need your check reissued in a different name, go to [www.nytrucktaxrefunds.com](http://www.nytrucktaxrefunds.com) and click on the link titled "Check Reissue Form—Different Name."

\_\_\_\_\_  
Class Member Name (person or company to whom the check was written)

\_\_\_\_\_  
Class Member ID

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Telephone Number

**Please answer the following questions.**

1. Have you tried to deposit or cash your check?                      Yes                      No

*If you answered "No," please attempt to deposit or cash your check before submitting this form.  
Your bank may accept the check, even though the expiration date has passed.*

2. Was the check mailed to the correct address?                      Yes                      No

*If you answered "Yes," please sign & date the form and submit it to the address provided below.  
If you answered "No," please provide your correct address:*

*I hereby certify under penalty of perjury that the above responses are true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (if signing on behalf of a company)

\_\_\_\_\_  
Date

**Mail your completed form and the original check to:**

Attn: NY HUT Check Reissue  
The Cullen Law Firm, PLLC  
1101 30<sup>th</sup> Street NW, Suite 300  
Washington, DC 20007