

Request for Replacement Taxpayer Identification Number (TIN) Card

Please fill out this form to request a replacement TIN card. Print this page once completed to submit your request.

Taxpayer Information

First Name:

Middle Name:

Last Name:

Current Taxpayer Identification Number (TIN):

Date of Birth:

Contact and Mailing Address

Street Address:

Apartment/Suite/Unit:

City:

State/Province/Region:

Postal / ZIP Code:

Phone Number:

Email Address:

Reason for Replacement Request

Reason for Replacement (e.g., Lost, Damaged, Stolen, Name Change):

Declaration and Signature

I declare under penalty of perjury that the information provided on this request is true, correct, and complete.

Signature (Print Name to Sign):

Date Signed:

MM/DD/YYYY