

New York State Comptroller
OFFICE OF UNCLAIMED FUNDS
 110 State Street, 8th Floor
 Albany, NY 12236-0001

VERIFICATION AND CHECKLIST OF UNCLAIMED PROPERTY

Reporting Organization:

 (name of business)

 (area or department, e.g., Corp Trust Division)

 (street address)

 (street address)

 (city, state, zip code)

 (service bureau, if used)

 (service bureau contact name)

 (service bureau contact phone)

Verification for Period Ended: _____ 20____

Holder State of Incorporation: _____

Holder Date of Incorporation: _____

Are You Authorized to Do Business in NYS? Y / N

HOLDER FEDERAL EMPLOYER IDENTIFICATION NUMBER:

HOLDER CONTACT INFORMATION:

Contact name: _____

Contact title: _____

Contact phone: () _____

Contact fax: () _____

Address: _____

Email address: _____

I certify that I am a duly authorized officer of the above-named organization. To the best of my knowledge and belief, this report is a true and complete statement of all abandoned property held by, or owed by, this organization as of the report period end date.

 Signature

Check all that apply:

Payment type:	Electronic <input type="checkbox"/>	Report method:	Online <input type="checkbox"/>	Totals:	Cash:
	Check <input type="checkbox"/>		USB/CD <input type="checkbox"/>		Issues:
	Securities <input type="checkbox"/>		Paper <input type="checkbox"/>		Shares:

RESERVED FOR USE OF STATE COMPTROLLER

Amount Received	Date Received	Ack. Number	Media Type	Class	Report Sequence	Year

Comments:
