



COMPANY INFORMATION:

Company Name _____

Federal ID Number (FEIN) _____

Contact Name _____ Phone _____ Email _____

Address 1 _____

City _____ State _____ Zip Code _____

County _____ State of Incorporation _____

Assets \$ _____ Annual Sales \$ _____

Number of Employees _____ **Report Year** _____

Industry Type: (check box)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Agriculture, Forestry, Fishing | <input type="checkbox"/> Management of Companies | <input type="checkbox"/> County Controller | <input type="checkbox"/> Trucking |
| <input type="checkbox"/> Mining & Oil/Gas | <input type="checkbox"/> Administrative & Support | <input type="checkbox"/> County/State Treasurer | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Educational Services | <input type="checkbox"/> County Clerks of Court & Proth | <input type="checkbox"/> Police Departments |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> County Sheriff | <input type="checkbox"/> Correctional Institutions |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> County/State Nursing Homes | <input type="checkbox"/> Other State Government Agencies |
| <input type="checkbox"/> Newspapers & TV Broadcasting | <input type="checkbox"/> Accommodation & Food Service | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Other Services (Except Public) | <input type="checkbox"/> Retail | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Real Estate Rental & Lease | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Information Technology | <input type="checkbox"/> General |
| <input type="checkbox"/> Professional & Scientific | <input type="checkbox"/> County | <input type="checkbox"/> Municipal Authorities | |
| | <input type="checkbox"/> School District | <input type="checkbox"/> Consulting | |

HOLDER VERIFICATION:

The Pennsylvania Treasury, Bureau of Unclaimed Property requires the signature of the Chief Financial Officer or other corporate officer responsible for the financial operations of the company.

The undersigned hereby verifies that an annual review of the books and records of _____ has been performed.

(name of company)

As a result of this review, we can definitively state that this company is not in possession of any unclaimed property that is due and reportable to the Commonwealth of Pennsylvania.

Mail to: Bureau of Unclaimed Property, P.O. Box 1837, Harrisburg, PA 17105

_____ has policies and _____

(name of company)

procedures in place to account for dormant property and eventually report unclaimed property to the Commonwealth of Pennsylvania in accordance with 72 P.S. § 1301 et.seq.

_____ understands that _____

(name of company)

unreported and/or undelivered property is subject to 12% interest in accordance with 72 P.S. §§ 1301.24, and other penalties as provided for in statute, including but not limited to 72 P.S. § 1301.25 (relating to penalties). The undersigned hereby verifies that the statements set forth in this holder report are true, and acknowledges that any false statements contained therein are subject to the penalties of 18 Pa. C.S.A § 4904 (relating to unsworn falsification to authorities)

 Signature

 Date

 Print Name

 Title