

**AP- 1 REPORT OF ABANDONED AND UNCLAIMED PROPERTY VERIFICATION AND CHECKLIST**



**HOLDER INFORMATION:**

Holder's Name \_\_\_\_\_  
Federal EIN Number \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address 1 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
Assets \$ \_\_\_\_\_ Annual Sales \$ \_\_\_\_\_  
Number of Employees \_\_\_\_\_ **Report Year** \_\_\_\_\_

- |   |   |   |  |
|---|---|---|--|
| <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                     |  |

**Is this the first time your organization has filed an abandoned and unclaimed property report to the Commonwealth of Pennsylvania?**  
YES \_\_\_ NO \_\_\_

**Have you ever reported under another company name? YES \_\_\_ NO \_\_\_**

**If so, under what company name? \_\_\_\_\_ Federal EIN # \_\_\_\_\_**

**Please fill in the blanks below for a positive report. Report should be signed by Company President, Chief Executive Officer or Chief Financial Officer. (For negative reports, please use the new 'AP-1 Neg' form.)**

**I have prepared and examined this AP-1 report consisting of \_\_\_\_\_ pages totaling \$ \_\_\_\_\_ as to property presumed abandoned under the Pennsylvania Disposition of Abandoned and Unclaimed Property Act (DAUPA) for the year ended as stated. I verify this report is accurate and complete to the best of my knowledge and belief as of said date, excepting for such property as has since ceased to be abandoned.**

**I certify that due diligence was performed in accordance with § 1301.10a Notice Given to Holders under the Pennsylvania Disposition of Abandoned and Unclaimed Property Act (DAUPA).**

**Please check if your payment is a Wire Transfer.**

**HOLDER VERIFICATION: 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

**Report for Period Ended December 31,**

**Mail to:** Commonwealth of Pennsylvania  
Unclaimed Property  
P.O. Box 783473  
Philadelphia, PA 19178-3473

Commonwealth of Pennsylvania-Unclaimed Property  
Lockbox 53473  
101 N. Independence Mall East  
Philadelphia, PA 19106  
Reference Field: Lockbox #053473