



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

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