

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 _____ Report Year _____

- | | | | |
|---|---|---|--|
| Industry Type: (check box) | <input type="checkbox"/> Other Services (Except Public) | <input type="checkbox"/> County | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Agriculture, Forestry, Fishing | <input type="checkbox"/> Professional & Scientific | <input type="checkbox"/> School District | <input type="checkbox"/> Police Departments |
| <input type="checkbox"/> Mining & Oil/Gas | <input type="checkbox"/> Management of Companies | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Correctional Institutions |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Administrative & Support | <input type="checkbox"/> Retail | <input type="checkbox"/> Other State Government Agencies |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> Municipal Authorities | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Newspapers & TV Broadcasting | <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Consulting | <input type="checkbox"/> General |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Accommodation & Food Service | <input type="checkbox"/> Trucking | |

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 '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 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.

I certify that due diligence was performed in accordance with 72 P.S. §1301.10a, Notice Given to Holders.

Please check if your payment is a Wire Transfer.

Please check if your Holder Report/Remittance contains any property related to retirement accounts (e.g. traditional IRAs, simplified employee pension plans, etc.)

I certify that any retirement accounts reported adhere to Treasury's Policy Guidance (<https://www.patreasury.gov/pdf/unclaimed-property/Policy-Guidance-2016.pdf>)

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