

# Form Completion Instructions Table of Contents

<b><i>Compliance Report Cover Sheet</i></b> _____	<b>2</b>
Form Completion Instructions _____	2
<b><i>Verification Check List</i></b> _____	<b>5</b>
Form Completion Instructions (back page of Cover Sheet) _____	5
<b><i>Holder Reimbursement Form</i></b> _____	<b>6</b>
Form Completion Instructions _____	6

Details about completing documents used to report unclaimed property in the State of Vermont.

# COMPLIANCE REPORT COVER SHEET

## FORM COMPLETION INSTRUCTIONS

Holders must include this Unclaimed Property Annual Compliance Report Cover Sheet with all reports, whether generated by hand or online.

A version of this form one when manually reporting ten (10) and fewer accounts or submitting the form as a “Negative Report”.

See next page for form field explanations and instructions.

 **Office of the Vermont State Treasurer – Unclaimed Property Division**  
109 State St., 4<sup>th</sup> Floor • Montpelier, VT 05609-6200 | Phone: 802.828.2407 • Fax: 802.828.2884  
tre.upcompliance@vermont.gov

**UNCLAIMED PROPERTY ANNUAL COMPLIANCE REPORT COVER SHEET**  
(This Sheet **MUST** Accompany Report)

Submission Date \_\_\_\_\_ **HOLDER NAME** \_\_\_\_\_  
REPORT DUE DATE: MAY 1, 20 \_\_\_\_\_ REPORTING PERIOD: JAN. 1, 20 \_\_\_\_\_ TO DEC. 31, 20 \_\_\_\_\_

1. Federal ID No.	Contact Person	Title	
Address	E-mail Address		
City	Telephone		
State	Zip	State of Incorporation	Date of Incorporation

**PREVIOUS HOLDER NAME** \_\_\_\_\_ If a successor to a previous holder of the property, or if your organization name changed, indicate original address – or name and address under which your organization previously filed unclaimed property report  
Name \_\_\_\_\_ Address \_\_\_\_\_

Characteristic Applicable to Business  Total Assets  Premiums Written  Yearly Deposits  Sales   
Range (millions)  \$0 – 10  \$11 – 25  \$26 – 50  \$51 – 100  \$101 – 250  \$251 – 500  \$501 – 900  \$901+  
Employees  1 – 20  21 – 50  51 – 100  101 – 250  251 – 500  501 – 900  901+

2. Was an unclaimed property report filed last year for this holder?  Yes  No  
If No, please explain: \_\_\_\_\_  
2A. Was a negative unclaimed property report filed last year for this holder?  Yes  No

3. Summary classification of property being reported/remitted: **Total** \_\_\_\_\_

A. Accounts equal to \$25 or less ( \_\_\_\_\_ # OF ACCOUNTS WITHIN AGGREGATE TOTAL) \$ \_\_\_\_\_  
B. Accounts more than \$25 (owner name is *unknown*) \$ \_\_\_\_\_  
C. Accounts more than \$25 (owner name is *known*) \$ \_\_\_\_\_  
**TOTAL FINANCIAL PROPERTY REMITTED (all accounts)** \$ \_\_\_\_\_  
D. Total SHARE(s) Remitted \_\_\_\_\_

Affidavit of Due Diligence		Safe Deposit Box Details	
The undersigned (print name) _____	declares that the Due Diligence mailing was performed in accordance with §1247(g) V.S.A. Title 27, Chapter 14 on (enter number of letters mailed) _____ accounts.	Estimated Delivery Date _____	Quantity of Boxes to be Delivered _____
Signature _____	Title _____		

The undersigned, (print name) \_\_\_\_\_, being duly sworn on oath, deposes and says that he/she has examined this report of \_\_\_\_\_ pages, totaling \$ \_\_\_\_\_, as to property presumed abandoned Vermont Statutes Annotated, Title 27, Chapter 14, for the year ending as stated and that he/she, acting as duly authorized representative of \_\_\_\_\_, declares, in accordance with Title 13, Chapter 67, Section 3016 'False Information' to the best of his/her knowledge and belief, said report is a true and complete statement of all abandoned property held or owned by \_\_\_\_\_ at the close of business on this date, except such items as have since said date ceased to be abandoned.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_  
Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

NOTARY: \_\_\_\_\_ My COMMISSION EXPIRES: \_\_\_\_\_

FOR UNCLAIMED PROPERTY DIVISION USE ONLY				
Holder ID/Year/Suffix	Check Amount	Deposit Date	Balanced By	Holder Label

Make check payable to: Vermont State Treasurer's Office Mail to: 109 State St., 4th Floor | Montpelier, VT 05609-6200

## COMPLIANCE REPORT COVER SHEET

FORM SECTION	FORM FIELD	INFORMATION TO ENTER
<b>A</b>	<b>SUBMISSION DATE</b>	Date report is mailed
	<b>HOLDER NAME</b>	Name of organization, business, agency submitting report
	<b>REPORT DUE DATE</b>	May 1 of the current year
	<b>REPORT TIME PERIOD</b>	Previous calendar year (or years if/when completing VCA) e.g., 1/1/2013 – 12/31/2013
	<b>FEDERAL ID NUMBER</b>	Seven-digit tax identification number – or – EIN
	<b>ADDRESS / CITY / STATE / ZIP</b>	Primary business street/ mailing address
	<b>CONTACT PERSON / TITLE</b>	Business reporting contact name and title
	<b>EMAIL ADDRESS</b>	Email of contact
	<b>TELEPHONE</b>	Telephone number of contact
	<b>STATE OF INCORPORATION</b>	State where business was incorporated
	<b>DATE OF INCORPORATION</b>	Date business was incorporated
	<b>COMPANY CRITERIA</b>	i. Select “one” characteristic to define business: a) assets, b) premiums, c) deposits, d) sales ii. Indicate the “one” range most appropriate for the characteristic chosen iii. Check the box identifying the correct total number of employees
<b>B</b>	<b>PRIOR YEAR FILING</b>	Select either <i>Yes</i> or <i>No</i> If “No” – explain why
	<b>NEGATIVE REPORT FILING</b>	Select either <i>Yes</i> or <i>No</i>
	<b>SUMMARY AND CLASSIFICATION OF PROPERTY IN REPORT</b>	<b>A. <u>Accounts at \$25 or less</u></b> Enter total number of accounts comprising the aggregate Show the total dollar amount for the aggregate accounts reported
		<b>B. <u>Accounts more than \$25 (owner is unknown)</u></b> Enter total dollar amount reported for this category
		<b>C. <u>Accounts more than \$25 (owner is known)</u></b> Enter total dollar amount reported for this category
		<b><u>Total Financial Property Remitted</u></b> Add the amounts from A, B and C and enter total
		<b>D. <u>Shares Remitted Total</u></b> Enter only the number of shares being remitted (otherwise, leave blank)
	<b>Safe Deposit Box Details</b> <i>(leave section blank if/when no safe deposit boxes are reported)</i>	
	<b>ESTIMATED DELIVERY DATE</b>	Enter anticipated delivery date (must be September or later)
	<b>NUMBER OF BOXES TO BE DELIVERED</b>	Enter number of Safe Deposit Boxes to be delivered
	<b>Affidavit of Due Diligence</b> <i>(must be completed)</i>	
	<b>PRINT NAME</b>	Sign <a href="#">according to statute</a> : affidavit must be made “by a partner” if a partnership; “by an officer” if an unincorporated association or private corporation; “by...chief fiscal officer or his/her designee” if a public corporation.
<b>NUMBER OF MAILED LETTERS</b>	Indicate the number of letters mailed (not all accounts – e.g., aggregates – will require Due Diligence mailings; so, this figure pertains to actual number of letters sent)	

## COMPLIANCE REPORT COVER SHEET

FORM SECTION	FORM FIELD	INFORMATION TO ENTER
<b>C</b>	<b>THE UNDERSIGNED</b>	Print name of an authorized company representative who signs the form in front of a notary. Enter total number of report pages, remittance amount and holder name. Print name again in space before signature and include the title where indicated. Note: Authorized signer must be “by a partner” if a partnership; “by an officer” if an unincorporated association or private corporation; “by...chief fiscal officer or his/her designee” if a public corporation.
	<b>NOTARY</b>	Enter day, month and year when subscribed and sworn. Notary must sign and enter commission expiration date.

# VERIFICATION CHECK LIST

FORM COMPLETION INSTRUCTIONS (BACK PAGE OF COVER SHEET)



Office of the Vermont State Treasurer – Unclaimed Property  
109 State St., 4<sup>th</sup> Floor | Montpelier, VT 05609-6200 | Phone: 802.828.2222

## UNCLAIMED PROPERTY ANNUAL COMPLIANCE REPORT

### VERIFICATION CHECK LIST

Enter Holder Name and the Reporting Period shown on Cover Sheet

Holder Name \_\_\_\_\_

Verification for the Period Ended \_\_\_\_\_

Every person, corporation or other business association, banking or financial organization, life insurance corporation, utility, court, or public authority must complete this Verification Check List as part of the annual reporting of unclaimed property. This checklist illustrates, without limitation, those items covered by Chapter 14, Title 27 of the Vermont Statutes. Except for travelers checks and money orders, property types shown below must be reported if unclaimed for one or more years; fifteen (15) years for travelers checks and seven (7) years for money orders. **Check box next for each applicable item. Each checked item must be accounted for on the detail of the Annual Report of Unclaimed Property.**

#### ACCOUNT BALANCES

- Checking accounts
- Savings accounts
- Matured certificates of deposit or savings certificates
- Christmas Club accounts
- Money on deposit to secure funds
- Security deposits
- Unidentified deposits
- Suspense accounts
- Sums owing to a shareholder, certificate holder, bond holder or other security holder, or participating member of a cooperative, such as:
  - dividends
  - interest
  - principal payments
  - equity payments
  - profits
  - other distributions
- Escrow funds

#### COURT DEPOSITS

- Escrow funds
- Condemnation awards
- Missing heir funds
- Suspense accounts
- Victim's restitution
- Any other type of deposit made with a court or public authority

#### DISSOLUTIONS

- Property distributable in the course of voluntary or involuntary dissolution or liquidation which is unclaimed within one year after the date for final distribution is presumed abandoned.

#### INSURANCE

- Amounts due and payable under terms of insurance policies
- Claim payments
- Drafts not presented for payment
- Matured whole life, term or endowment insurance policies or annuity or supplementary contracts
- Other amounts due under policy terms

#### OFFICIAL CHECKS

- Certified checks
- Cashier's checks
- Registered checks
- Treasurer's checks
- Drafts
- Warrants
- Money orders
- Travelers checks
- Foreign exchange
- Other official checks or exchange items

#### PAYROLL, EXPENSE, MISC. CHECKS AND INTANGIBLE PERSONAL PROPERTY HELD IN COURSE OF ORDINARY BUSINESS

- Wages, payroll or salary
- Commissions
- Expense checks
- Worker's Compensation benefits
- Pension checks
- Credit checks or memos
- Payments for goods and services
- Customer overpayments
- Unidentified remittance
- Un-refunded overcharges
- Accounts payable
- Credit balances - accounts receivable
- Discounts due
- Refunds
- Unredeemed gift certificates
- Vendor Checks
- Mineral proceeds
- Royalties
- Any other miscellaneous outstanding checks
- Any checks written off to income or surplus
- Any other miscellaneous intangible personal property

#### TANGIBLE PROPERTY

- Safe deposit box contents
- Any other safekeeping repository contents
- Other tangible property

#### TRUST, INVESTMENT AND ESCROW ACCOUNTS

- Paying agent accounts
- Unclaimed dividends
- Funds held in a fiduciary capacity
- Funds paid toward the purchase of shares, or interest in a financial or business organization
- Funds received for redemption of stocks and bonds
- Stocks
- Bonds
- Any other certificates of ownership
- Suspense liabilities

#### UTILITIES

- Utility deposits
- Membership fees
- Refunds or rebates

Check box for each property type reported.

# HOLDER REIMBURSEMENT FORM

## FORM COMPLETION INSTRUCTIONS

Holder must accurately identify the property for which it seeks reimbursement: this includes providing owner name and all other identifying information exactly as shown when reported. See [State Statute §1250 | Chapter 14, V.S.A. Title 27](#).

- When seeking reimbursement for:
  - multiplies items reported under same owner, list all other properties on an additional sheet: include the information shown in "Part II Claim Information" for each.
  - properties attributed to two or more owners, use a separate sheet for each new owner.
- All reimbursement requests must include supporting substantiation documents, which prove payment, account reactivation occurred: e.g., canceled checks (front/back), account statement.
- If the property was reported in error, provide a brief explanation of the error.
- Do **not** subtract reimbursement amounts from any compliance report remittance totals.

 National Association of Unclaimed Property Administrators		Revised 2005	
<b>HOLDER REQUEST FOR REIMBURSEMENT</b>			
State of _____		Report Year _____	Report Total _____
<b>PART I HOLDER INFORMATION</b>			
Holder Name _____	Address _____	City _____	State _____ Zip _____
Tax ID# _____	Contact Name _____	Contact Telephone No. _____	Contact Fax No. _____
<b>PART II CLAIM INFORMATION</b>			
Property Code _____	Acct. Reference No. (If Aggregate – Specify) _____	Date Pd. To Owner/Acct. Reactivated * _____	Dollar amount/number of shares _____
Owner's Name (Exactly as on Report) _____		Owner's Address (As Listed on Report) _____	
Claimant's Name & Address (If Different than Owner) _____			
<b>*IF AMOUNT WAS REMITTED IN ERROR, ATTACH A SEPARATE SHEET DETAILING THE ERROR</b>			Total Request for Reimbursement: \$ _____
<b>PART III HOLDER CERTIFICATION</b>			
Sworn to and subscribed before me this _____ day of _____, 20____	I, _____ a duly authorized representative of the holder listed above, do hereby certify that the above listed funds, or other property which was listed in the Report filed by the holder, have been paid to the rightful owner(s) or their appointed representative. I agree, upon payment of the above-described property to indemnify the State and hold it harmless from all claims and loss, demands, costs, and other expenses which the State may sustain by reason returning property to the holder and by reason further of its refusal to pay the property to any other person or persons:		
Notary _____	Name and Title of Holder Representative (type or print) _____		
My commission expires: _____	Signature of Holder Representative _____		Date _____

## HOLDER REIMBURSEMENT FORM

FORM SECTION	FORM FIELD	INFORMATION TO ENTER
<b>Top of Page</b>	<b>STATE OF</b>	Vermont
	<b>REPORT YEAR</b>	Year property was reported to state by holder
	<b>REPORT TOTAL</b>	Total amount of report containing property
<b>Part I Holder Information</b>	<b>HOLDER NAME</b>	Business/Entity name requesting reimbursement
	<b>ADDRESS/CITY/STATE/ZIP</b>	Mailing address for reimbursement check
	<b>TAX ID#</b>	Federal tax or FEIN number
	<b>CONTACT NAME/PHONE</b>	Holder contact name and telephone number
	<b>FAX</b>	Facsimile number for holder contact
<b>Part II Claim Information</b>	<b>PROPERTY CODE</b>	NAUPA code used when originally reporting property
	<b>ACCOUNT REFERENCE NO.</b>	Any account reference information provided when property was initially reported; (if/when property was reported as "aggregate," specify total aggregate amount shown on report)
	<b>DATE PAID TO OWNER / ACCOUNT REACTIVATED</b>	Date holder paid property to owner (or his/her representative) or date when the holder reactivated the account
	<b>DOLLAR AMOUNT/NUMBER OF SHARES REMITTED</b>	Property value reported to / or number of shares remitted to state by holder in original report
	<b>OWNER NAME/ADDRESS</b>	Owner's full name and address as shown on the original report
	<b>CLAIMANT'S NAME &amp; ADDRESS</b>	When / if holder pays someone other than the original property owner, indicate here who that is/was
	<b>TOTAL REQUEST FOR REIMBURSEMENT</b>	Total of all reimbursement amounts (when/if multiple properties involved) being requested
<b>Part III Holder Certification</b>	<b>HOLDER REPRESENTATIVE</b>	An authorized representative's printed name with title and signature and date (signature must be notarized)
	<b>NOTARY</b>	Authorized representative's signature must be notarized; notarization required to process reimbursement request