Financial Entities
Report Forms and Instructions

These forms are intended for banks and credit unions.

Form UP-1F ..... Page 7-8

UP-2F ..... Page 9-10

(Rev. 06/2016)

INSTRUCTIONS FOR FORM UP-1F

The form UP-1F must accompany all holder reports

HOLDER INFORMATION:

Please type or print your report

ITEM 1- Enter your federal employer identification number.

ITEM 2- Enter your business name and mailing address.

ITEM 3- If this report is being prepared by an agent on behalf of the business, enter the agent's name and address.

ITEM 4- Enter the name of the person completing the form.

ITEM 5- Enter the telephone number for the person completing the form.

ITEM 6- Enter the electronic mail address for the person completing the form.

ITEM 7- Enter the date your business was incorporated or registered.

ITEM 8- Enter the state where your business is registered or incorporated.

ITEM 9- Enter the total number of employees for your business.

ITEM 10- Enter your annual sales volume as reflected on your most recent tax return.

ITEM 11- Enter your company's total assets as reflected on your most recent year end balance sheet.

REPORT INFORMATION:

ITEM 12A- Enter the total number of accounts $50.00 or more on your owner report (Form UP-2F).

ITEM 12B- Enter the total dollar value of accounts $50.00 or more listed on your owner report (Form UP-2F).

ITEM 12C- Enter the total number of accounts less than $ 50.00, excluding dividends. Accounts less than $50.00, excluding dividends, may be reported in a lump sum.

ITEM 12D- Enter the total value of accounts less than $50.

ITEM 12E- Enter sum of Items 12b and 12d.

NOTE: Negative balance reports are required. See Table of Contents.

VERIFICATION:

The report must be signed by a CFO, partner or company officer.

IF LESS THAN 25 PROPERTIES, GO TO OWNER REPORT FORM (UP-2F) TO PROVIDE A DETAILED LISTING OF THE UNCLAIMED ACCOUNTS REFLECTED IN ITEM 12E. IF REPORTING 25 PROPERTIES OR MORE, CREATE A NAUPA FORMATTED CD WITH AN ELECTRONIC FILE.

UP-1F (Rev. 06/2016)
GEORGIA DEPARTMENT OF REVENUE
UNCLAIMED PROPERTY PROGRAM

2016 HOLDER REPORT SUMMARY
FORM UP-1F
FINANCIAL ENTITIES

This form must accompany all holder reports

ARE YOU A 1ST TIME FILER? Y ☐ N ☐ DID YOU ATTACH A CD? Y ☐ N ☐

ELECTRONIC FILERS: Submit a UP-1F for each business included on the CD. NEGATIVE BALANCE REPORTS REQUIRED.

HOLDER INFORMATION

1. FEDERAL EMPLOYER ID#	2. HOLDER (Business Name)

ADDRESS

CITY, STATE, ZIP CODE

3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE HOLDER? Y ☐ N ☐ IF YES, FURNISH AGENT NAME AND ADDRESS:

4. NAME OF CONTACT PERSON	5. TELEPHONE ( )	6. E-MAIL ADDRESS	7. DATE OF INCORPORATION

8. STATE OF INCORPORATION	9. NO. OF EMPLOYEES	10. ANNUAL SALES	11. TOTAL ASSETS

REPORT INFORMATION

12a. Total accounts $50.00 or more _____ 12b. Dollar Value _____

12c. Total accounts less than $50.00 _____ 12d. Dollar Value _____

12e. REPORT TOTAL $_____

VERIFICATION STATEMENT

I, _____ certify that I have caused to be prepared and have examined this report totaling _____ as to property presumed abandoned under the "Disposition of Unclaimed Property Act" for the year ended as stated, that I am duly authorized to execute this verification by the holder and that I believe said report to be true, correct and complete as of said date to the best of my knowledge.

_____ Signature of Responsible Officer

_____ Printed or Typed Name of Responsible Officer

_____ Title of Responsible Officer

_____ Date

FOR OFFICE USE ONLY

CD	CHECK NUMBER	CHECK DATE	CHECK AMOUNT

DATE DEPOSITED	BATCH NO.	RECEIPT NO.	REPORT ID	HOLDER NO.

INSTRUCTIONS FOR FORM UP-2F

Twenty-five (25) properties or more must be reported on a NAUPA formatted CD in lieu of form UP-2F

Form UP-2F provides detailed information about the unclaimed accounts. This information is used to verify rightful ownership of person(s) attempting to claim the account.

Please type or print your report.

Enter your business name and federal employer identification number on each page of your owner report.

List owners alphabetically by last name.

You may list one entry for accounts less than $50.00. (EXAMPLE: 100 accounts $40.00 or less totaling $4,000.00)

ITEM 1- Refer to the "Property Code" listing on page 3 of Introduction. Enter the property code which identifies the property reported.

ITEM 2- Enter the identifying number assigned to the property by your business (i.e. account number, check number, policy number, etc.).

ITEM 3- Enter the owner's name as listed on your business's records. If the account has more than one owner, specify whether the joint owner is a custodian, guardian, trustee or beneficiary.

ITEM 4 - Refer to the "Relationship Type Code" listing on page 4. Enter the relation code which properly identifies the owner relationship.

ITEM 5- Enter the social security number or tax identification number of the account owner as reflected on your business's records.

ITEM 6- Enter the date of last transaction or the date of last contact with the owner.

ITEM 7- Enter the account balance prior to any authorized deductions, even if the lawful deductions will result in a zero balance.

ITEM 8A- Authorized service charges can be deducted by financial institutions only. If reporting deductions or withholdings, enter one of the following codes:

SW - Service charge deducted (financial institutions)
IW - Interest withheld/discontinued
DW - Dividends withheld/discontinued
FTW - Federal tax withheld
OTH - Other (please provide explanation)

ITEM 8B- Enter the amount deducted from the owner's account.

ITEM 9- Enter the account balance remitted after deductions.

ITEM 10- Enter the total of the accounts detailed on the page.

Attach the owner report form (UP-2F) to the holder report form (UP-1F).

Return both forms addressed to:

Georgia Department of Revenue
Unclaimed Property Program
4125 Welcome All Rd Suite 701
Atlanta, GA 30349

FORM UP-2F (Rev. 06/2016)
GEORGIA DEPARTMENT OF REVENUE
UNCLAIMED PROPERTY PROGRAM

FINANCIAL ENTITY (CASH) OWNER DETAIL REPORT FORM

2016

FEDERAL EMPLOYER ID#	BUSINESS NAME

PAGE _____ OF _____

When reporting 25 or more properties, a NAUPA formatted CD is required.

PRO-PERTY CODE (1)	IDENTIFYING NUMBER (2)	OWNER'S NAME, ADDRESS, CITY, STATE AND ZIP, LIST ALPHABETICALLY BY LAST NAME, FIRST AND MIDDLE INITIAL. (IF JOINT OWNER, BENEFICIARY, TRUSTEE, ETC. SPECIFY BY NAME.) (3)	RELATION TYPE CODE (4)	OWNER SOCIAL SECURITY NUMBER (5)	DATE OF LAST TRANSACTION (6)	AMOUNT DUE BEFORE AUTHORIZED SERVICE CHARGES (7)	DEDUCTIONS AND WITHHOLDING (see instructions)		AMOUNT REMITTED AS DUE OWNER (9)
							TYPE (8A)	AMOUNT (8B)	
					TOTAL (10)				
					IF THIS IS THE LAST PAGE, ENTER GRAND TOTAL				

Checklist for Unclaimed Financial Institution Cash

Your report should consist of:

- ☐ Holder Report Summary Form (UP-1F).
- ☐ Detail Reporting Form (UP-2F) – if reporting less than 25 properties
- ☐ Read-only CD/NAUPA format if reporting 25 or more properties.
- ☐ Check for the total of proceeds made payable to the Georgia Department of Revenue, Unclaimed Property Program.

Forward your report package to:

Georgia Department of Revenue
Unclaimed Property Program
4125 Welcome All Rd Suite 701
Atlanta, GA 30349