

# INSTRUCTIONS FOR FORM UP-1MV

**The form UP-1MV must accompany all 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 e-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-** Describe your primary business activity (i.e. retail, manufacturing, services).

**ITEM 10-** Enter the total number of employees for your business.

**ITEM 11-** Enter your annual sales volume as reflected on your most recent tax return.

**ITEM 12-** Enter your company's total assets as reflected on your most recent year-end balance sheet.

## **REPORT INFORMATION:**

**ITEM 13A-** Enter the total number of properties being remitted.

**ITEM 13B-** Enter the total dollar value of the properties remitted.

## **VERIFICATION:**

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

**ALL UNCLAIMED PROPERTY REPORTS CONTAINING EXCESS FUNDS FROM THE SALE OF AN ABANDONED VEHICLE MUST BE REPORTED MANUALLY. YOU MAY NOT SUBMIT THESE REPORTS IN NAUPA FORMAT.**



# 2022 HOLDER REPORT SUMMARY FORM UP-1MV MOTOR VEHICLE SALE

**This form must accompany all holder reports.**

**ELECTRONIC FILING IS NOT PERMITTED**

**ARE YOU A 1ST TIME FILER? Y  N**

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 <input type="checkbox"/> N <input type="checkbox"/> 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. PRIMARY BUSINESS ACTIVITY	10. NO. OF EMPLOYEES	11. ANNUAL SALES	12. TOTAL ASSETS
REPORT INFORMATION				
13a. Number of Properties _____      13b. Total Dollar Value \$ _____				
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, that I am duly authorized to execute this verification by the holder and that I believe said report to be true, correct and complete 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.