# Financial Entities Report Forms and Instructions

These forms are intended for banks and credit unions.

Form UP-1F..... Page 2-3

UP-2F ..... Page 4-5

## **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 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- 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 or more on your owner report (Form UP-2F).

**ITEM 12B-** Enter the total dollar value of accounts \$50 or more listed on your owner report (Form UP-2F).

**ITEM 12C-** Enter the total number of accounts less than \$50, excluding dividends. Accounts less than \$50, excluding dividends, may be reported in a lump sum.

**ITEM 12D-** Enter the total dollar 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 FEWER THAN 25 PROPERTIES, YOU MAY CHOOSE TO GO TO OWNER REPORT FORM (UP-2G) TO PROVIDE A DETAILED LISTING OF THE UNCLAIMED ACCOUNTS REFLECTED IN ITEM 6E. IF REPORTING 25 PROPERTIES OR MORE, YOU ARE REQUIRED TO SUBMIT REPORTS AS A NAUPA FILE THROUGH GEORGIA'S HOLDER REPORTING PORTAL.



### 2025 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: It is not necessary to submit UP-1C if you are reporting online. NEGATIVE BALANCE REPORTS

| HOLDER INFORMA   | IOLDER INFORMATION REQUIRED. |            |        |  |         |         |                  |                          |  |  |
|--|------------------------------|------------|--------|--|---------|---------|------------------|--------------------------|--|--|
| 1. FEDERAL EMPLOYER  | R ID#                        | 2          | HOLDER | (Business N  | lame)   |         |                  |                          |  |  |
| ADDRESS  |                              | I          |        |  |         |         |                  |                          |  |  |
| CITY, STATE, ZIP COE   | E                            |            |        |  |         |         |                  |                          |  |  |
| 3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE HOLDER? Y [ ] N [ ] IF YES, FURNISH AGENT NAME<br>AND ADDRESS:   |                              |            |        |  |         |         |                  |                          |  |  |
| 4. NAME OF CONTACT F   | PERSON                       | 5. TELEPHC |        | 6  | E-MAIL  | ADDRESS |                  | 7. DATE OF INCORPORATION |  |  |
| 8. STATE OF INCORPOR   | ATION 9. NO.                 | OF EMPLOYE | ES 10  | . ANNUAL S   | SALES   |         | 11. TOTAL        | ASSETS                   |  |  |
| <b>REPORT INFORMA</b>  | TION                         |            |        |  |         |         |                  |                          |  |  |
| 12a. Total accounts \$50 or more   12c. Total accounts less than \$50  |                              |            |        | 12b. Dollar Value<br>12d. Dollar Value<br>12e. REPORT TOTAL \$ |         |         |                  |                          |  |  |
| VERIFICATION ST  | ATEMENT                      |            |        |  |         |         |                  |                          |  |  |
| 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  |                              |            |        |  |         |         | ponsible Officer |                          |  |  |
| т  | itle of Responsible          | e Officer  |        |  |         |         | Date             |                          |  |  |
| FOR OFFICE USE ONLY  |                              |            |        |  |         |         |                  |                          |  |  |
| CD   | CHEC                         | ( NUMBER   |        |  | CHECK [ | DATE    |                  | CHECK AMOUNT             |  |  |
|  |                              |            |        |  |         |         |                  |                          |  |  |
| DATE DEPOSITED   | BATCH                        | I NO.      | RI     | ECEIPT NO.   |         | REPORT  | D                | HOLDER NO.               |  |  |
|  |                              |            |        |  |         |         |                  |                          |  |  |

## **INSTRUCTIONS FOR FORM UP-2F**

#### If you are reporting twenty-five (25) properties or more, they must be reported online in NAUPA format.

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. (EXAMPLE: 100 accounts of \$40 or less totaling \$4,000)

**ITEM 1-** Refer to the "Property Code" listing on Page 3 of Introduction. Enter the property code that 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 that 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) F
- IW Interest withheld/discontinued

FTW - Federal tax withheld

OTH - Other (please provide explanation)

DW - Dividends withheld/discontinued

**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 to:

Georgia Department of Revenue Unclaimed Property Program 4125 Welcome All Rd Suite 701 Atlanta, GA 30349 FORM UP-2F (REV 05/2025) GEORGIA DEPARTMENT OF REVENUE UNCLAIMED PROPERTY PROGRAM

## FINANCIAL ENTITY (CASH) OWNER DETAIL REPORT FORM



FEDERAL EMPLOYER ID#

BUSINESS NAME

PAGE\_\_\_\_\_ OF \_\_\_\_

#### When reporting twenty-five (25) properties or more, they must be reported online in NAUPA format.

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

## ADDITIONAL INSTRUCTIONS AND INFORMATION

#### **REPORT CHECKLIST** - Before filing your report, have you?

- Sent owner notification letters to all owners with accounts of \$50 or more?
- Signed Form UP-1F statement verification? (If not reporting online)
- Submitted payment electronically at https://gareporting.unclaimedproperty.com/ or enclosed a check for the total amount due payable to GEORGIA DEPARTMENT OF REVENUE
- Included federal tax identification number on all pages of the report?
- Electronic filers: Uploaded NAUPA file at https://gareporting.unclaimedproperty.com/?

#### TO REQUEST AN EXTENSION

- Reports are due by November 1, 2025. Extensions may be granted up to 90 days.
- Email request to ucp.reporting@dor.ga.gov at least 30 days prior to the report due date.
- Provide Company FEIN #, an estimated filing date and the reason for the extension request.

#### **NEED MORE HELP?**

Georgia's Unclaimed Property staff will be glad to answer any questions regarding unclaimed property. Please contact us at:

Georgia Department of Revenue Unclaimed Property Program 4125 Welcome All Rd Suite 701 Atlanta, GA 30349 Telephone: (855) 329-9863 Fax Line: (404) 724-7013 Email: ucp.reporting@dor.ga.gov