ONLINE REPORTING NOW AVAILABLE

HOLDER REPORTING PORTAL LOCATED AT:

https://gareporting.unclaimedproperty.com/

NEGATIVE REPORTING IS REQUIRED. YOU ARE ENCOURAGE TO SUBMIT YOUR NEGATIVE REPORTS ONLINE THROUGH OUR HOLDER REPORTING PORTAL.

NEGATIVE REPORTS SUBMITTED THROUGH THE PORTAL DO NOT NEED TO BE IN THE NATIONAL ASSOCIATION OF UNCLAIMED PROPERTY ADMINISTRATORS (NAUPA) FORMAT.

YOU DO NOT NEED TO SUBMIT FORM UP-1N IF USING THE HOLDER PORTAL FOR NEGATIVE REPORTING.

FOR MORE INFORMATION EMAIL US AT

UCP.REPORTING@DOR.GA.GOV

PHONE: (855) 329-9863

INSTRUCTIONS FOR FORM UP-1N

NEGATIVE REPORTS ARE REQUIRED!

It is not necessary to submit this form if you are reporting online.

HOLDER INFORMATION:

This form is for holders with no unclaimed property to 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 primary business activity.

ITEM 10- Enter number of employees.

ITEM 11- Enter annual sales.

ITEM 12- Enter annual sales in Georgia.

ITEM 13- Enter total assets.

VERIFICATION:

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

UP-1N (Rev. 06/2026)

ZERO / NEGATIVE HOLDER REPORT FORM 2026

Negative reports are required!

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 [ ] 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. PRIMARY BUSINESS ACTIVITY

10. NO. OF EMPLOYESS	11. ANNUAL SALES	12. ANNUAL SALES IN GA	13. TOTAL ASSETS

REPORT INFORMATION

INTANGIBLE PROPERTY - (Outstanding Checks)

14a. Total accounts $50 or more 0 — 14b. Dollar Value $ 0

14c. Total accounts less than $50 0 — 14d. Dollar Value $ 0

14e. Report Total $ 0

OTHER PROPERTY (Safe deposit boxes, stocks, mutual funds)

14f. Number of shares of stock or mutual fund shares 0

14g. Number of safe deposit boxes/safekeeping items 0

VERIFICATION STATEMENT

I, _____, certify that I have caused to be prepared and have examined this report totaling $ 0 and 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/Agent

_____ Date