INSTRUCTIONS FOR HOLDER REIMBURSEMENT FORM

Use Form UP-15, the Holder Reimbursement Form, to reclaim funds previously delivered to the State. Funds are paid directly to the holder and holder claims are normally processed within thirty days of receipt.

ABANDONEDACCOUNT INFORMATION - This section of the form requests the account information as detailed on the annual report.

ITEM 1- Enter the account name exactly as it appeared on the annual report.

ITEM 2- If there were multiple names on the account, enter that information.

ITEM 3- Enter the address as detailed on the annual report.

ITEM 4- Enter the account number as detailed on the annual report.

ITEM 5- Enter the property code as detailed on the annual report.

ITEM 6- Enter the account balance delivered to the state as detailed on the annual report.

WHO IS REQUESTING REIMBURSEMENT - The information in this section pertains to the holder requesting a reimbursement.

ITEM 7- Enter the tax identification number for the holder (bank or company).

ITEM 8- Enter the name of the bank or company requesting the reimbursement. It should be the same as the name listed on the annual report.

ITEM 9- Enter the mailing address for the holder. The check will be mailed to this address.

ITEM 10- Enter year property was reported.

ITEM 11- Enter the name of the person completing the form, their telephone number, and email address.

AGGREGATE VERIFICATION - Complete this section ONLY IF the account was less than $50 and submitted in a lump sum total.

ITEM 12a- Enter the report year.

ITEM 12b- Enter the total aggregate amount for the report year.

ITEM 12c- Enter the amount that is due to the owner.

ITEM 12d- Enter the owner's name.

AFFIDAVIT AND INDEMNITY AGREEMENT - This should be signed by two employees. The CFO/ Financial Manager should sign in the area "Authorized Official." The person completing the form should sign in the area "Holder Representative" and provide authorization letter to claim funds, proof of account, and company photo ID.

Please note these signatures must be notarized.

UP-15 (Rev. 06/2026)
GEORGIA DEPARTMENT OF REVENUE
UNCLAIMED PROPERTY PROGRAM

GEORGIA DEPARTMENT OF REVENUE
UNCLAIMED PROPERTY PROGRAM
4125 WELCOME ALL RD SUITE 701
ATLANTA, GEORGIA 30349

HOLDER REIMBURSEMENT FORM

ABANDONED ACCOUNT INFORMATION

1. ACCOUNT NAME

2. SECONDARY ACCOUNT NAME (if applicable)

3. REPORTED ADDRESS

4. ACCOUNT NUMBER	5. PROPERTY CODE	6. ACCOUNT BALANCE REMITTED

WHO IS REQUESTING REIMBURSEMENT

7. TAX ID#	8. HOLDER NAME

9. ADDRESS	10. REPORT YEAR

11. CONTACT PERSON CONTACT PHONE NO. E-MAIL

AGGREGATE VERIFICATION (complete only if account is less than $50)

It is hereby verified that for report year 12a. 20_____, 12b. $_____ was remitted in an aggregate amount. Of this amount, 12c. $_____ was remitted in the name(s) of 12d. _____.

Acceptable proof has been submitted to this holder to prove rightful ownership.

AFFIDAVIT AND INDEMNITY AGREEMENT

It is hereby certified that this claim is valid, just and due. Claim has not been previously paid to the holder. Request is hereby made to the Georgia Revenue Commissioner to return to the holder the above stated account that previously was paid to owner. Upon return of this property to the holder, the Georgia Department of Revenue, Unclaimed Property Officers and Employees are indemnified and held harmless for any damages, claims or losses of any kind resulting from payment of this claim. The holder agrees to return the property to the Georgia Department of Revenue, Unclaimed Property Program if it is later determined that rightful ownership has been established by another party.

_____ SIGNATURE OF AUTHORIZED OFFICIAL

_____ SIGNATURE OF HOLDER REPRESENTATIVE

_____ TITLE OF AUTHORIZED OFFICIAL

_____ TYPED NAME OF HOLDER REPRESENTATIVE

Sworn to and subscribed before me, this _____ day of _____

_____ TYPED NAME OF NOTARY PUBLIC

_____ SIGNATURE OF NOTARY PUBLIC