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.

UP-1MV (Rev. 06/2026)
GEORGIA DEPARTMENT OF REVENUE
UNCLAIMED PROPERTY PROGRAM

2026 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 ☐ 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 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.