INSTRUCTIONS FOR SELLER RECLAMATION FORM

Use Form UP-SR, the Seller Reclamation Form, to reclaim excess funds from a motor vehicle sale previously delivered to the State. Funds are paid directly to the seller and seller claims are normally processed within thirty days of receipt.

SALE INFORMATION - This section of the form requests the sale information as detailed on the Vehicle Detail Report.

ITEM 1- Enter the owner name exactly as it appeared on the Vehicle Detail Report.

ITEM 2- If there were multiple owner names for the vehicle, enter that information.

ITEM 3- Enter the address(es) as detailed on the Vehicle Detail Report.

ITEM 4- Enter the VIN as detailed on the Vehicle Detail Report.

ITEM 5- Enter the sale date as detailed on the Vehicle Detail Report. (Please note excess funds from a motor vehicle sale may only be reclaimed by the seller 6 months after the sale, with no claim being authorized one year after the funds have been provided to the Unclaimed Property Program)

ITEM 6- Enter the account balance remitted to the state as detailed on the Vehicle Detail Report.

SELLER INFORMATION - The information in this section pertains to the seller claiming excess funds.

ITEM 7- Enter the tax identification number for the seller (company).

ITEM 8- Enter the name of the seller reclaiming the funds. It should be the same as the name listed on the Vehicle Detail Report.

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

ITEM 10- Enter the name of the person completing the form.

ITEM 11- Enter telephone number of the person completing the form.

ITEM 12- Enter the email address of the person completing the form.

ITEM 13- Enter the date the property was reported.

ITEM 14- Enter the total amount of the report.

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 an authorization letter to claim funds, and company photo ID.

Please note these signatures must be notarized.

UP-SR (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

SELLER RECLAMATION FORM MOTOR VEHICLE SALE

SALE INFORMATION

1. OWNER NAME		
2. SECONDARY OWNER NAME (if applicable)		
3. REPORTED ADDRESS		
4. VIN #	5. SALE DATE	6. AMOUNT REMITTED

SELLER INFORMATION

7. TAX ID#	8. HOLDER NAME	
9. ADDRESS		
10. CONTACT PERSON		11. PHONE NO.
12. E-MAIL	13. REPORT DATE	14. REPORT TOTAL

AFFIDAVIT AND INDEMNITYAGREEMENT

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 funds that previously were reported as excess funds from a motor vehicle sale. 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