

INSTRUCTIONS FOR FORM UP-1N

NEGATIVE REPORTS ARE REQUIRED!

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 electronic 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/premiums.

ITEM 12- Enter premiums written in Georgia (if applicable)

ITEM 13- Enter total assets.

VERIFICATION:

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



ZERO/NEGATIVE HOLDER REPORT FORM 2016

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 EMPLOYEES	11. ANNUAL SALES/PREMIUMS	12. PREMIUMS WRITTEN IN GA	13. TOTAL ASSETS
REPORT INFORMATION			
INTANGIBLE PROPERTY - (Outstanding Checks)			
14a. Total accounts \$50.00 or more	_____ 0 _____	14b. Dollar Value \$	_____ 0 _____
14c. Total accounts less than \$50.00	_____ 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			
<p>I, _____ certify that I have caused to be prepared and have examined this report totaling \$ _____ 0 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.</p>			
<p>_____ Signature of Responsible Officer</p>		<p>_____ Printed or Typed Name Responsible Officer</p>	
<p>_____ Title of Responsible Officer/Agent</p>		<p>_____ Date</p>	