Safe Deposit Boxes
Report Forms and Instructions

These forms are intended for reporting safe deposit box contents.

Form UP-1K ..... Page 13-14

UP-2K ..... Page 15-16

UP-3K ..... Page 17-18

(Rev. 06/2016)

INSTRUCTIONS FOR FORM UP-1K SAFEKEEPING

The form UP-1K must accompany all holder reports.

HOLDER INFORMATION:

Please type or print your report!

ITEM 1- Enter your federal employer identification number.

ITEM 2- Enter your institution name and mailing address.

ITEM 3- If this report is being prepared by an agent on behalf of the institution, 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 institution was incorporated or registered.

ITEM 8- Enter the state where your institution is registered or incorporated.

REPORT INFORMATION:

ITEM 9 - Enter total number of safe deposit boxes.

VERIFICATION:

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

GO TO OWNER REPORT FORM (UP-2K) TO PROVIDE A DETAILED LISTING OF THE UNCLAIMED ACCOUNTS REFLECTED IN ITEM 9.

UP-1K (Rev. 06/2016)
GEORGIA DEPARTMENT OF REVENUE
UNCLAIMED PROPERTY PROGRAM

HOLDER REPORT SUMMARY
FORM UP-1K
2016
SAFEKEEPING

This form must accompany all holder reports.

DID YOU ATTACH A CD? Y ☐ N ☐ ELECTRONIC FILERS: Submit a UP-1K for each business included on the CD.

HOLDER INFORMATION		
1. FEDERAL EMPLOYER ID#	2. INSTITUTION	
ADDRESS		
CITY, STATE, ZIP CODE		
3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE INSTITUTION? 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	

REPORT INFORMATION

9. Number of safe deposit boxes/safekeeping items _____

VERIFICATION STATEMENT

I _____ certify that I have caused to be prepared and have examined this report totaling _____ safe deposit boxes as to property presumed abandoned under the "Disposition of Unclaimed Property Act" for the year ended _____, that I am duly authorized to execute this verification by the institution 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

_____ Date

FOR OFFICE USE ONLY

REPORT ID	HOLDER NO.

INSTRUCTIONS FOR COMPLETING FORM UP-2K

A separate UP-1K for safe deposit boxes must be submitted.

If you are reporting 25 or more properties, you must submit your report on a properly formatted read-only CD. We also require that you submit a paper copy of the report.

If you are reporting fewer than 25 properties, please use this form referencing the following instructions:

- Please type or print your report.
- List owners alphabetically by name.
- Enter the date of this report. We will use this date as reference should we need to contact you with questions regarding the report.
- Enter your federal employee identification number (FEIN).

Item 1 - Enter the owner's name and address as shown on your business records.

Item 2 - Date of birth.

Item 3 - If multiple owners are listed, indicate the appropriate relationship code from the list on page 4 (Introduction).

Item 4 - Enter the owner(s) social security number (SSN) or federal employee identification number (FEIN).

Item 5 - Enter the safe deposit box number.

Item 6 - Enter the date the safe deposit box was drilled.

Item 7 - Enter the total number of safe deposit boxes reported on this page.

Item 8 - If this is the last page of your report, enter the grand total of all safe deposit boxes reported on all pages.

NEGATIVE REPORTS ARE REQUIRED ON SAFE DEPOSIT BOXES!

UP-2K (Rev. 06/2016)
GEORGIA DEPARTMENT OF REVENUE
UNCLAIMED PROPERTY PROGRAM

DETAIL REPORTING FORM UP2K - SAFEKEEPING 2016

When reporting 25 or more properties, a NAUPA formatted CD is required.

Report Date _____

Federal Employee ID No.	Business Name	Page _____of _____
Ga. Holder No.		

OWNER'S NAME AND LAST KNOWN ADDRESS (1)	DATE OF BIRTH (2)	RELATIONSHIP BETWEEN OWNERS (IF APPLICABLE) (3)	S.S. # / TAX ID NO. (4)	SAFE DEPOSIT BOX OR INDENTIFYING NUMBER (5)	DATE DRILLED (6)

(7) TOTAL SAFEKEEPING ITEMS REPORTED THIS PAGE

(8) GRAND TOTAL SAFEKEEPING ITEMS FOR REPORT

INSTRUCTIONS FOR FORM UP-3K
SAFEKEEPING INVENTORY FORM
2014

ITEM 1- ENTER BANK NAME

ITEM 2- ENTER FEDERAL IDENTIFICATION NUMBER

ITEM 3- ENTER HOLDER ID #

ITEM 4- REPORT DATE

ITEM 5- ENTER BOX OWNER OR OWNER'S NAME

ITEM 6- ENTER RELATIONSHIP CODE (SEE PAGE 4 OF INTRODUCTION)

ITEM 7- SAFE DEPOSIT BOX NUMBER

ITEM 8- DRILL DATE

ITEM 9- NUMBER OF ITEMS IN SAFE DEPOSIT BOX (EXAMPLE: 5 $2 BILLS)

ITEM 10- SAFEKEEPING CODE

SAFEKEEPING CODE	SALEABLE Y/N	DESCRIPTION
1	Y	COINS
2	Y	JEWELRY
3	N	PAPER DOCUMENTS
4	N	SAVINGS BONDS
CURR	Y	CURRENCY
MISC	Y	OTHER TANGIBLE PROPERTY
STMP	Y	STAMPS
WEAP	Y	VARIOUS WEAPONS
WILL	N	WILL
BOND	N	BOND COUPON/DOC.

ITEM 11- DESCRIPTION

PLEASE NOTE: WHEN OPENING A SAFE DEPOSIT BOX AFTER DRILLING…..YOU DISCOVER A WEAPON…STOP AND CALL SECURITY IMMEDIATELY….HAVE SECURITY CLEAR THE WEAPON….RENDERING THE WEAPON SAFE TO HANDLE….PROCEED WITH INVENTORY RECORDING THE MAKE, MODEL AND CALIBER.

INVENTORY OF BOX SHOULD BE NOTORIZED WITH THE SIGNATURE OF BANK OFFICIAL AND BANK EMPLOYEE.

UP-3K(Rev. 06/2016)
GEORGIA DEPARTMENT OF REVENUE
UNCLAIMED PROPERTY PROGRAM

INDIVIDUAL SAFE DEPOSIT BOX CERTIFICATE OF INVENTORY FORM UP-3K 2016

FINANCIAL CENTER NAME AND ADDRESS (1)	FEIN (2)	HOLDER ID NO. (3)	REPORT DATE (4)

RENTER'S NAME AND ADDRESS (5)	RELATIONSHIP CODE (6)	SAFE DEPOSIT BOX NUMBER (7)	DRILL DATE (8)

On the above drill date, after notice, and in accordance with state law and the rules and regulations of _____ (FINANCIAL INSTITUTION) _____ , and in agreement entered into with the Renter, this financial institution in the presence of the undersigned officer and the undersigned Notary Public caused said Safe Deposit Box to be drilled and the contents thereof removed and inventoried as follows:

NO. OF ITEMS (9)	SAFE-KEEPING CODE (10)	DESCRIPTION (11)

Annual Rent _____ Drilling Fee _____ Total _____

I certify that the items for box number _____ as listed above represent the entire contents of this box on the cited drilling date. The contents listed above have been securely wrapped, and the package plainly marked per Submission Instructions for Safekeeping Items.

Signed _____

Title _____

Signed _____ (Notary Public) - Notary Seal -

My Commission Expires: _____

SUBMISSION INSTRUCTIONS

PLEASE USE THE FOLLOWING SCHEDULE IN REPORTING AND DELIVERY OF SAFE DEPOSIT BOXES:

A. JANUARY 2017 - BANK OF AMERICA
B. FEBRUARY 2017 - SUNTRUST
C. MARCH 2017 - WELLS FARGO
D. NOVEMBER 1, 2016 - ALL OTHER BANKS

- Record contents of each safe deposit box remitted to Unclaimed Property on the UP-3K Safe-keeping certificate of Inventory form.
- Pack safe deposit box contents in a suitable container (plastic or brown paper envelope of appropriate size, or a cardboard bank box). Place a copy of the UP-3K Safekeeping Certificate of Inventory form in the container and tape a copy to the outside.
- Secure the container with bank security tape.
- If more than one container is sent, place all containers in a shipping box.
- Put the UP-2K Safekeeping Report Form in an envelope and place in the shipping box. If more than one shipping box is sent, complete a separate UP-2K for each shipping box.

Note: The form UP-2K Safekeeping Report Form must accompany each shipping box forwarded to state custody.

Please send reports to:

Georgia Department of Revenue
Unclaimed Property Program
4125 Welcome All Rd Suite 701
Atlanta, GA 30349

For additional questions contact:

Telephone: (855) 329-9863
Fax Line: (404) 724-7013
Email: ucpmail@dor.ga.gov