



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF THE TREASURY
Division of Unclaimed Property
P.O. Box 2478
Richmond, VA 23218
(804) 225-2393 Fax (804) 786-4653
Toll Free 1-800-468-1088**

For State Use Only	
CHECK AMOUNT	_____
CHECK #	_____
DEPOSIT DATE	_____
INITIALS	_____
INTEREST PAYMENT AMOUNT	_____
\$	_____

AP1 FORM FOR REPORT OF UNCLAIMED PROPERTY

Holder Name: _____	Holder Number: _____
Address: _____	
City: _____	State: _____ Zip Code: _____

1. If the address above is incorrect, please correct here:	2. Contact Person: _____
Name: _____	Title: _____
Address: _____	Department: _____
City: _____ State: _____ Zip Code: _____	Phone No.: _____
3. Please provide an e-mail address:	Fax No.: _____

ABOUT THIS BUSINESS ENTITY:	
4. Federal Employer Identification Number _____	5. Standard Industry Code _____
6. State of Incorporation (or locality where business license is filed if not incorporated) _____	
7. Date of Incorporation _____	8. Primary Business Activity _____
9. Annual Gross Income \$ _____ Assets \$ _____	# of Employees _____

ABOUT THIS REPORT:	
10. Date(s) Due Diligence was Performed _____	
11. This report is for Report Year _____ and the type of report is <input type="checkbox"/> REGULAR <input type="checkbox"/> AUDIT <input type="checkbox"/> NEGATIVE <input type="checkbox"/> OTHER _____	
12. This report has the following media attached to report the property details: <input type="checkbox"/> REPORT UPLOADED TO WEBSITE <input type="checkbox"/> DISKETTE/CD <input type="checkbox"/> HARD COPY-PAPER, CONSISTING OF _____ PAGES	
13. This is the first time this business entity has filed an Unclaimed Property Report <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. Property types on this report include: <input type="checkbox"/> CASH <input type="checkbox"/> SECURITIES <input type="checkbox"/> MUTUAL FUNDS <input type="checkbox"/> TANGIBLE PROPERTY	

IMPORTANT NOTICE: Your remittance must accompany this report and an authorized representative of your business must complete the certification that follows. Please complete the summary information on the reverse of this page, and mail your report and remittance to the address at the top of this form. Pursuant to §55-210.26:1 of the Code of Virginia, interest and penalties may be imposed for failure to report and remit as required.

I, _____, CERTIFY THAT I HAVE CAUSED TO BE PREPARED AND I HAVE EXAMINED THIS REPORT AS TO PROPERTY PRESUMED ABANDONED UNDER THE VIRGINIA UNCLAIMED PROPERTY LAW FOR THE YEAR ENDING AS STATED, THAT I AM DULY AUTHORIZED TO EXECUTE THIS VERIFICATION BY THE HOLDER AND BY LAW AND THAT I BELIEVE THAT SAID REPORT IS TRUE, CORRECT, AND COMPLETE AS OF SAID DATE, EXCEPTING FOR SUCH PROPERTY AS HAS SINCE CEASED TO BE ABANDONED. THIS REPORT TOTALS # _____ PROPERTIES FOR \$ _____ AND # _____ SHARES.	
SIGNATURE: _____	DATE: _____
TITLE: _____	

FOR STATE USE ONLY						
POSTMARK DATE	BATCH #	HOLDER UPDATED	BALANCED BY	DATE COMPLETED		
# OF OWNERS	# SHARES REPORTED	ENTERED BY	DATE BEGAN	DATE COMPLETED	REPORT VERIFIED	DATE CLOSED