



REPORT OF UNCLAIMED PROPERTY – FORM B

2. PAGE ____ OF ____

ALL SECTIONS MUST BE COMPLETED

1. _____
(Name of Business, Financial Institution, or Agency)

3. PERIOD COVERED LIFE INSURANCE JAN 1 - DEC 31
 ALL OTHER HOLDERS JUL 1 - JUN 30

**COLORADO DEPARTMENT OF TREASURY
 UNCLAIMED PROPERTY DIVISION
 1580 LOGAN ST SUITE 500
 DENVER COLORADO 80203**
 PHONE: (303) 866-6070 FAX: (303) 866-6154
 TOLL FREE OUTSIDE DENVER METRO AREA (800) 825-2111
 EMAIL: greatcopayback@state.co.us
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TO REPORT AND REMIT-COMplete ALL COLUMNS, MAIL WITH PAYMENT BY NOVEMBER 1 (ALL BUSINESSES EXCEPT LIFE INSURANCE COMPANIES WHICH MUST REPORT AND REMIT BY MAY 1.) ATTACH CONFIRMATION OF SHARES, DRP, MUTUAL FUNDS TRANSFERRED INTO COLORADO & CO.

4. PROPERTY CODE	5. PROPERTY DESCRIPTION AND IDENTIFYING NUMBER	6. INTEREST EARNED X%	7 OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL, STREET ADDRESS CITY, STATE ZIP	8. OWNER SOCIAL SECURITY NUMBER OR FEIN	9 DATE OF LAST TRANSACTION OR DATE PROPERTY BECAME PAYABLE, REDEEMABLE OR RETURNABLE.	10. AMOUNT REPORTED AS DUE OWNER.	DEDUCTOIN CODE* LESS (L) MORE(M)		12 TOTAL AMOUNT REMITTED
							11 A CODE	11 B AMOUNT	
15. MAKE CHECK PAYABLE TO COLORADO DEPARTMENT OF THE TREASURY						13. TOTAL			
16. MAIL CHECK AND COMPLETED FORMS TO ADDRESS SHOWN ABOVE									

***DEDUCTION CODE** - You may, by law, voluntarily deduct and retain from each **non-aggregate** item remitted 2% or \$25 of the value of the property you are remitting whichever is less (L). For some types of property you may deduct and retain 2% or \$25, whichever is more (M).

14. (IF IS THE LAST PAGE OF THE REPORT, ENTER GRAND TOTAL) _____

Deductions may not be taken when reporting in the aggregate.