

# **STATE OF GEORGIA UNCLAIMED PROPERTY ANNUAL FILING REPORT REPORT YEAR 2011**

## **GOVERNMENT ENTITIES**



## **REPORTING 25 OR MORE ACCOUNTS?**

**FREE SOFTWARE TO FILE ELECTRONICALLY**

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**ENDORSED BY NAUPA (NATIONAL ASSOCIATION  
OF UNCLAIMED PROPERTY ADMINISTRATORS)**

**OR**

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**[HTTP://WWW.WAGERS.NET](http://www.wagers.net)**

**USER'S GUIDES FOR THESE PROGRAMS ARE AVAILABLE AT  
THEIR RESPECTIVE SITES. BOTH PROGRAMS HAVE EXCEL  
TEMPLATES THAT ALLOW YOU TO PLACE INFORMATION  
INTO AN EXCEL FILE AND THEN IMPORT IT INTO THE NAUPA  
FORMAT PROGRAM.**

**FOR MORE INFORMATION EMAIL US AT**

**[UCPMail@dor.ga.gov](mailto:UCPMail@dor.ga.gov)**

**PHONE: (404) 968-0490**



**GEORGIA DEPARTMENT OF REVENUE  
UNCLAIMED PROPERTY REPORTING  
2011  
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# UNCLAIMED PROPERTY

## INTRODUCTION

The "Disposition of Unclaimed Property Act", O.C.G.A. Section 44-12-190 et. seq., protects the rights of owners of abandoned property and relieves those holding the property of the continuing responsibility to account for such property. Under the Act, when someone ("holder"), holds property that belongs to someone else ("owner") but has lost contact with that owner for a specified period of time ("dormancy period"), that holder must turn over ("remit") the property to the state. The remittance must be accompanied by a report describing the property and contain certain information that will help the state advertise the property and take other steps to return the property to the rightful owner. The state serves as custodian for any property remitted under the Act, allowing the owners or their heirs an opportunity to claim their property in the future.

This booklet contains reporting forms and instructions to help holders comply with the Unclaimed Property Act. See the table of contents for the appropriate form for your entity.

Please note that some holders may need to submit more than one report type. Each individual report should be accompanied by a separate CD and remittance.

EXAMPLE: A bank reporting cash, safe deposit box contents and securities  
Should file three (3) separate reports, CD's and remittances.  
(see forms and instructions)

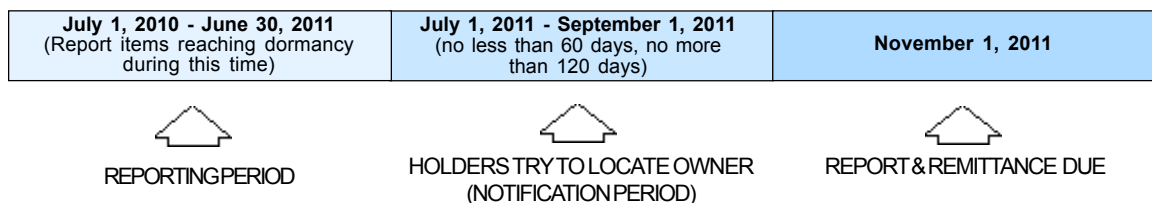
Entities with no property to remit are required to file a negative report. Please see table of contents for these forms and instructions.

## WHO MUST REPORT

Anyone that has abandoned property must remit it to the state if they have held the property for longer than the dormancy period. The Unclaimed Property Act applies to both profit and non-profit businesses as well as governmental entities. Holders incorporated in Georgia must report to this state any unclaimed property of owners having an incomplete, unknown or foreign address. Holders not incorporated in Georgia must remit unclaimed property belonging to an owner having a Georgia address.

## Unclaimed Property Time Line

### ALL GOVERNMENTAL ENTITIES



**If you are filing for the first time, the report should include all property dated prior to June 30, 2006.**

## STEPS FOR FILING YOUR ANNUAL UNCLAIMED PROPERTY REPORT

**STEP 1: IDENTIFY THE UNCLAIMED PROPERTY** eligible to be filed with the Georgia Department of Revenue, Unclaimed Property Program. Examples of property to be remitted to the state as unclaimed property include savings and checking accounts, unclaimed wages, dividends, credit balances and outstanding checks. For a complete listing of the types of property that must be remitted under the Act, refer to page 3.

**STEP 2: TRY TO LOCATE THE OWNERS OF THE UNCLAIMED PROPERTY IDENTIFIED IN STEP 1.**

This process is defined as “due diligence”. If an account has a value of \$ 50.00 or more, the law requires that holders must make an effort to communicate with an owner prior to remitting the property to the state. You can do this by sending a first class letter to the owner’s last known address 60 days, but no more than 120 days before remitting the owner’s property to the state. A sample due diligence letter can be found on page 5.

**STEP 3: SEND YOUR REPORT AND CHECK PAYABLE TO** the Georgia Department of Revenue, Unclaimed Property Program. Must file by November 1.

### Example Property Types

See Page 3 for complete list.

HOLDER TYPE	PROPERTY TYPE	DORMANCY PERIOD	REPORTING PERIOD	LAST ACTIVITY DATE	NOTIFICATION PERIOD	REPORT & REMIT DUE
State Agency	Unclaimed Wages	1 Year	7/1/10 - 6/30/11	7/1/09 - 6/30/10	7/1/11 - 9/1/11	11/1/11
County	Customer Overpayments	5 Years	7/1/10 - 6/30/11	7/1/05 - 6/30/06	7/1/11 - 9/1/11	11/1/11

#### EXAMPLE (A)

If you are a government entity and have identified uncashed payroll checks dated 7/1/09 - 6/30/10, you should report them as unclaimed property for the reporting period 7/1/10 - 6/30/11. You should attempt to notify the payee of the check at the last known address between 7/1/11 and 9/1/11. If these attempts fail, you must remit the face amount of each unclaimed payroll check with the report you file by 11/1/11.

#### EXAMPLE (B)

If you are a government entity and have identified uncashed customer refunds dated 07/01/05 - 06/30/06, you should report them as unclaimed property for the reporting period 07/01/10 - 06/30/11. You should attempt to notify the payee of the check at the last known address between 07/01/11 and 09/01/11. If these attempts fail, you must remit the face amount of each unclaimed refund check with the report you file by 11/01/11.

# PROPERTY CODES WITH DORMANCY PERIODS

CODE	YEARS	CODE	YEARS
<b>Account Balances</b>		<b>Miscellaneous</b>	
AC01 Checking Accounts	5	MS01 Wages, Payroll, Salary	1
AC02 Savings Accounts	5	MS02 Commissions	1
AC03 Matured CD or Savings Certificates	5	MS03 Workers' Compensation Benefits	5
AC04 Christmas Club Funds	5	MS04 Payment for Goods and Services	5
AC05 Deposit to Secure Funds	5	MS05 Customer Overpayments	5
AC06 Security Deposits	5	MS06 Unidentified Remittances	5
AC07 Unidentified Deposits	5	MS07 Unrefunded Overcharges	5
AC08 Suspense Accounts	5	MS08 Accounts Payable	5
AC99 Aggregate Account Balance Due	5	MS09 Credit Balances/Accounts Receivable	5
		MS10 Discounts Due	5
		MS11 Refunds Due	5
		MS12 Unredeemed Gift Certificates	5
		MS13 Unclaimed Loan Collateral	5
		MS14 Pension and Profit Sharing Plans	5
		MS15 Dissolution or Liquidation	1
		MS16 Miscellaneous Outstanding Checks	5
		MS17 Miscellaneous Intangible Property	5
		MS18 Suspense Liabilities	5
		MS99 Aggregate Miscellaneous Property	5
<b>Official Checks</b>		<b>Trust Property</b>	
CK01 Cashier's Checks	5	TR01 Paying Agent Accounts	5
CK02 Certified Checks	5	TR02 Undelivered or Uncashed Dividends	5
CK04 Treasurer's Checks	5	TR03 Funds Held in Fiduciary Capacity (Excess Tax)	5
CK05 Drafts	5	TR04 Escrow Accounts	5
CK06 Warrants	5	TR05 Trust Vouchers	5
CK07 Money Orders	7	TR99 Aggregate Trust Property	5
CK08 Traveler's Checks	15		
CK09 Foreign Exchange Checks	5		
CK10 Expense Checks	5		
CK11 Pension Checks	5		
CK12 Credit Checks or Memos	5		
CK13 Vendor Checks	5		
CK14 Checks Written Off to Income	5		
CK15 Other Outstanding Official Checks	5		
CK16 CD Interest Checks	5		
CK99 Aggregate Uncashed Checks	5		
<b>Court Funds</b>		<b>Utilities</b>	
CT01 Escrow Funds	5	UT01 Utility Deposits	5
CT02 Condemnation Awards	5	UT02 Membership Fees	5
CT03 Missing Heirs' Funds	5	UT03 Refunds or Rebates	5
CT04 Suspense Accounts	5	UT99 Aggregate Utility Property	5
CT05 Other Court or Public Authority Funds	5		
CT99 Aggregate Court Deposits	5		
		<b>All Other Property</b>	
		ZZZZ Properties Not Identified Above	5

# OWNER RELATIONSHIP CODES

RELATION TYPE CODE	
AD	Administrator
AF	Attorney For
AG	Agent For
AN	And
AO	And/Or
BF	Beneficiary
CC	Co-Conservator
CF	Custodian For
CN	Conservator
EX	Executor or Executrix
FB	For Benefit Of
GR	Guardian For
IN	Insured
JC	Joint Tenants in Common
JT	Joint Tenants with Right of Survivorship
OR	Or
P	Primary Owner
PA	Payee
PO	Power of Attorney
RE	Remitter
SO	Sole Owner
TE	As Trustee For
UG	Uniform Gift to Minors Act (UGMA)

# SAMPLE LETTER FOR OWNER NOTIFICATION

July 1, YEAR

Ray Smith (Owner Name)  
4321 Right Ave.  
City Name, State 98765

RE: (Description of Property)

Dear Mr. Smith:

Our records indicate that we are holding the following property due to you:

Owner Name	Social Security #	Identifying #	Description
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Please complete the statement at the bottom of this letter to indicate your understanding of this property and mail to:

HOLDER NAME  
CONTACT PERSON OR DEPARTMENT  
HOLDER ADDRESS  
CONTACT PHONE NUMBER (OPTIONAL)

You must return this letter by (DATE). If you fail to do so, we will deliver your property to the Georgia Department of Revenue, Unclaimed Property Program as required by law. After this date, any attempts to reclaim your property will need to be directed to the Georgia Department of Revenue.

Sincerely,  
Unclaimed Accounts

## STATEMENT

☐ I agree this property belongs to me.

☐ I disagree this property does not belong to me.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



# INSTRUCTIONS FOR FORM UP-1G

**The form UP-1G 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 entity name and mailing address.

**ITEM 3-** Enter the name of the person completing the form.

**ITEM 4-** Enter the telephone number for the person completing the form.

**ITEM 5-** Enter the electronic mail address for the person completing the form.

## **REPORT INFORMATION:**

**ITEM 6A-** Enter the total number of accounts \$50.00 or more on your owner report (Form UP-2G).

**ITEM 6B-** Enter the total dollar value of accounts \$50.00 or more listed on your owner report. (Form UP-2G)

**ITEM 6C-** Enter the total number of accounts less than \$ 50.00. Accounts less than \$50.00 may be reported in a lump sum.

**ITEM 6D -** Enter the total dollar value of accounts less than \$50.00.

**ITEM 6E -** Enter the total dollar value of the report (6B + 6D).

**NOTE: Negative reports are required. See table of contents.**

## **VERIFICATION:**

The report must be certified by a financial officer.

**IF LESS THAN 25 PROPERTIES, GO TO OWNER REPORT FORM (UP-2G) TO PROVIDE A DETAILED LISTING OF THE UNCLAIMED ACCOUNTS REFLECTED IN ITEM 6E. IF REPORTING 25 PROPERTIES OR MORE, USE NAUPA FORMATTED CD.**



# HOLDER REPORT FORM GOVERNMENT ENTITIES 2011

**This form must accompany all holder reports**

ARE YOU A 1ST TIME FILER? Y ☐ N ☐ DID YOU ATTACH A CD? Y ☐ N ☐

ELECTRONIC FILERS: Submit a UP-1G for each entity included on the CD. NEGATIVE BALANCE REPORTS REQUIRED.

HOLDER INFORMATION				
1. FEDERAL EMPLOYER ID#	2. HOLDER (Entity Name)			
ADDRESS				
CITY, STATE, ZIP CODE				
3. NAME OF CONTACT PERSON	4. TELEPHONE (     )	5. E-MAIL ADDRESS		
REPORT INFORMATION				
<b>INTANGIBLE PROPERTY</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">6a. Total accounts \$50.00 or more _____</div> <div style="width: 45%;">6b. Dollar Value \$ _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;">6c. Total accounts less than \$50.00 _____</div> <div style="width: 45%;">6d. Dollar Value \$ _____</div> </div> <div style="text-align: right; margin-top: 10px;">6e. Report Total \$ _____</div>				
VERIFICATION STATEMENT				
<p>I, _____ certify that I have caused to be prepared and have examined this report totaling \$ _____ 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 as of said date to the best of my knowledge.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;">             _____              Signature of Responsible Officer         </div> <div style="width: 45%; text-align: center;">             _____              Printed or Typed Name of Responsible Officer         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;">             _____              Title of Responsible Officer         </div> <div style="width: 45%; text-align: center;">             _____              Date         </div> </div>				
FOR OFFICE USE ONLY				
CD	CHECK NUMBER	CHECK DATE	CHECK AMOUNT	
DATE DEPOSITED	BATCH NO.	RECEIPT NO.	REPORT ID	HOLDER NO.

# INSTRUCTIONS FOR FORM UP-2G

**Twenty-five (25) properties or more must be reported on a NAUPA formatted CD in lieu of the form UP-2G**

Form UP-2G provides detailed information for reporting unclaimed cash accounts. This information is used to verify rightful ownership of person(s) attempting to claim the account.

Please type or print your report

Enter your entity name and federal employer identification number on each page of your owner report.

List owners alphabetically by last name.

You may list one entry for accounts less than \$50.00. (EXAMPLE: 100 accounts \$40.00 or less totaling \$4000.00).

**ITEM 1-** Refer to the "Property Code" listing on page 3. Enter the property code which identifies the property reported.

**ITEM 2-** Enter the identifying number assigned to the property by your entity (i.e. account number, check number, policy number, etc.).

**ITEM 3-** Enter the owner's name as listed on your entity's records. If the account has more than one owner, specify whether the joint owner is a custodian, guardian, trustee or beneficiary.

**ITEM 4 -** Refer to the "Relationship Type Code" listing on page 4. Enter the relation code which properly identifies the owner relationship.

**ITEM 5-** Enter the social security number or tax identification number of the account owner as reflected on your entity's records.

**ITEM 6-** Enter the date of last transaction or the date of last contact with the owner.

**ITEM 7-** Enter the account balance remitted.

**ITEM 8-** Enter the total of the accounts detailed on the page.

Attach the owner report form (UP-2G) to the holder report form (UP-1G).

Return both forms addressed to:

Georgia Department of Revenue  
Unclaimed Property Program  
4245 International Parkway, Suite A  
Hapeville, GA 30354-3918



# 2011

ENTITY NAME

PAGE OF

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

PROPERTY CODE (1)	IDENTIFYING NUMBER (2)	OWNER'S NAME, ADDRESS, CITY, STATE AND ZIP, LIST ALPHABETICALLY BY LAST NAME, FIRST AND MIDDLE INITIAL. (IF JOINT OWNER, BENEFICIARY, TRUSTEE, ETC. SPECIFY BY NAME.) (3)	RELATION TYPE CODE (4)	OWNER TAX ID NUMBER (5)	DATE OF LAST TRANSACTION (6)	AMOUNT REMITTED AS DUE OWNER (7)

# 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 2011

**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			
<b>INTANGIBLE PROPERTY</b> - (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	
<b>OTHER PROPERTY</b> (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			
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 as of said date to the best of my knowledge.			
_____ Signature of Responsible Officer		_____ Printed or Typed Name Responsible Officer	
_____ Title of Responsible Officer/Agent		_____ Date	

# INSTRUCTIONS FOR HOLDER REIMBURSEMENT FORM

Use Form UP-15, the Holder Reimbursement Form to reclaim funds previously delivered to the State. Funds are paid directly to the holder and holder claims are normally processed within thirty days of receipt.

**ABANDONED ACCOUNT INFORMATION** This section of the form requests the account information as detailed on the annual report.

**ITEM 1-** Enter the account name exactly as it appeared on the annual report.

**ITEM 2-** If there were multiple names on the account, enter that information.

**ITEM 3-** Enter the address as detailed on the annual report.

**ITEM 4-** Enter the account number as detailed on the annual report.

**ITEM 5-** Enter the property code as detailed on the annual report.

**ITEM 6-** Enter the account balance delivered to the state as detailed on the annual report.

**WHO IS REQUESTING REIMBURSEMENT** - The information in this section pertains to the holder requesting a reimbursement.

**ITEM 7-** Enter the tax identification number for the holder (bank or company).

**ITEM 8-** Enter the name of the bank or company requesting the reimbursement. It should be the same as the name listed on the annual report.

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

**ITEM 10-** Enter year property was reported.

**ITEM 11-** Enter the name of the person completing the form.

**ITEM 12-** Enter the page number of the annual report that provided detail of the account.

**AGGREGATE VERIFICATION** - Complete this section ONLY IF the account was less than \$ 50.00 and submitted in a lump sum total.

**ITEM 13a-** Enter the report year.

**ITEM 13b-** Enter the total aggregate amount for the report year.

**ITEM 13c-** Enter the amount that is due to the owner.

**ITEM 13d-** Enter the owner's name.

**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", provide authorization letter to claim funds, proof of account, and company photo ID.

**Please note these signatures must be notarized.**



# HOLDER REIMBURSEMENT FORM

## ABANDONED ACCOUNT INFORMATION

1. ACCOUNT NAME		
2. SECONDARY ACCOUNT NAME (if applicable)		
3. REPORTED ADDRESS		
4. ACCOUNT NUMBER	5. PROPERTY CODE	6. ACCOUNT BALANCE REMITTED

## WHO IS REQUESTING REIMBURSEMENT

7. TAX ID#	8. HOLDER NAME	
9. ADDRESS		10. REPORT YEAR
11. CONTACT PERSON	CONTACT PHONE NO. (      )	12. PAGE NUMBER

## AGGREGATE VERIFICATION (complete only if account is less than \$50.00)

It is hereby verified that for report year 13a. 20\_\_\_\_\_, 13b. \$\_\_\_\_\_ was remitted in an aggregate amount. Of this amount, 13c. \$\_\_\_\_\_ was remitted in the name(s) of 13d. \_\_\_\_\_.

Acceptable proof has been submitted to this holder to prove rightful ownership.

## AFFIDAVIT AND INDEMNITY AGREEMENT

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 account that previously paid to owner. 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



## **ADDITIONAL INSTRUCTIONS AND INFORMATION**

### **REPORT CHECKLIST** - Before filing your report, have you?

- Sent owner notification letters to all owners with accounts \$ 50.00 or more?
- Signed Form UP-1G statement verification?
- Enclosed a check for the total amount due payable to GEORGIA DEPARTMENT OF REVENUE UNCLAIMED PROPERTY PROGRAM?
- Posted federal tax identification number on all pages of the report?
- Electronic filers: Clearly labeled CD and have a hard copy of Form UP-1G to send?
- E-mail password for encrypted files to [ucpmail@dor.ga.gov](mailto:ucpmail@dor.ga.gov)

### **TO FILE AN EXTENSION**

- Reports are due by November 1, 2011. Extensions may be granted up to 90 days.
- Mail or fax a written request to the Unclaimed Property Program at least 30 days prior to the report due date.
- Provide an estimated filing date and the reason for the extension.

### **NEED MORE HELP?**

Georgia's Unclaimed Property staff will be glad to answer any questions regarding unclaimed property. Please contact us at:

Georgia Department of Revenue  
Unclaimed Property Program  
4245 International Parkway, Suite A  
Hapeville, GA 30354-3918  
Telephone: (404) 968-0490  
Fax Line: (404) 968-0772  
Email: [ucpmail@dor.ga.gov](mailto:ucpmail@dor.ga.gov)