

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
TRUST ACCOUNT RECONCILIATION

Check one: Custodial Trust Account Date _____

Company Name _____

Address _____

Trust Account Title _____

Trust Account Number _____ For Month of _____

Bank _____

Prepared by _____ Email _____

Office Phone _____ Office Fax _____

PART I:

Bank Statement Balance \$ _____

Plus: Deposits not yet recorded on bank statement but posted to check register & ledgers (Total of Schedule A) \$ _____

SUBTOTAL \$ _____

Less: Outstanding checks (Total of Schedule B) \$ _____

Plus or Minus: Other adjusting entries (Total of Schedule C) \$ _____

Reconciled bank balance as of _____ **TOTAL** \$ _____

PART II:

Checkbook, Check Register or Journal of Receipts and Disbursements: Balance as of _____ **TOTAL** \$ _____

PART III:

Ledger Cards: As of _____
(Total of Schedule D) **TOTAL** \$ _____

*Totals of Parts I, II and III must be reconciled to the same date and must be identical

Amount of difference between these totals, if any: \$ _____

Explanation of difference and corrective action taken to bring Parts I, II and III into balance (add sheet if necessary).

Print Broker Name: _____ Broker License # _____

A Form 513 Authorization To Inspect Records is on file with the Division reflecting the **current** bank name, bank address and bank account number for each of the brokerage's trust accounts Yes No
If not, I will promptly submit updated Form(s) 513 to the Real Estate Division.

I declare under penalty of perjury that the foregoing is true and correct.

Broker Signature: _____ Date _____

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Recommended format or headings for schedules

SCHEDULE "A" (Deposits not yet posted by bank)

Date	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SCHEDULE "B" (Outstanding checks)

Date	Check No.	Amount	Date	Check No.	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SCHEDULE "C" (Adjusting entries)

Date	Amount	Explanation	Corrective Action Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHEDULE "D" (Ledgers)

Account I.D. (Name or No.)	Ledger Balance	Account I.D. (Name or No.)	Ledger
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes: This form may be copied and utilized for lower volume accounts. For higher volume accounts, it may be necessary to prepare separate schedules. Trust accounts must be reconciled with bank statements at least monthly. Form 546 is to be submitted annually by the end of the month in which the broker's license expires. Full instructions can be found under "Publications" on the Division website.

MAIL COMPLETED FORMS, BANK STATEMENTS AND SCHEDULES TO:

Trust Accounts, 1179 Fairview Drive, Suite E, Carson City, NV 89701-5453

email: realest@red.state.nv.us

http://www.red.state.nv.us

702-486-4033