

UP-1S  
08-08  
Phone (609) 292-9200  
Fax (609) 984-0593

State of New Jersey  
Department of the Treasury  
Unclaimed Property  
P.O. Box 446  
Trenton, New Jersey 08625-0446

**UNCLAIMED PROPERTY SAFE DEPOSIT REPORT-HOLDER INFORMATION**

Property Abandoned as of: June 30, \_\_\_\_\_ Holder ID # \_\_\_\_\_  
Holder Federal ID #: \_\_\_\_\_

Business Code: \_\_\_\_\_ Agent Name \_\_\_\_\_

Holder Name & Mailing Address \_\_\_\_\_ Report Contact: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
State of Incorporation: \_\_\_\_\_  
Date of Incorp: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Report Contact E-mail Address: \_\_\_\_\_

If this report includes property held by subsidiary companies, attach a list of the names and Federal Tax ID numbers of those companies.  
\_\_\_\_\_

List the name(s) and Federal Tax ID number(s) of all previous holders of property if you are a successor. If you have changed your name during the time in which you held the property, list the prior name(s) and Federal Tax ID Number(s):  
\_\_\_\_\_

Electronic Media  Paper Report UP-2  (20 properties or less)

**REPORT TOTAL**

| CASH     | NUMBER OF BOXES | NUMBER OF PAGES/MEDIA |
|----------|-----------------|-----------------------|
| \$ _____ | _____           | _____                 |

**IF YOU ARE AUCTIONING SAFE DEPOSIT BOX CONTENTS, PLEASE ATTACH DETAIL.**

**CERTIFICATION:**

I hereby certify that this report was prepared on \_\_\_\_\_ and is a true and accurate statement of all unclaimed property held as of the close of the report cycle, updated for appropriate interest/income/dividends to the date of this report. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment according to the law.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Report Status: \_\_\_\_\_ Cash Remitted: \$ \_\_\_\_\_

Receipt IDs \_\_\_\_\_ Report ID: \_\_\_\_\_ Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Owners Added Date: \_\_\_\_\_ Employee: \_\_\_\_\_ Cleared Date: \_\_\_\_\_ Employee: \_\_\_\_\_