

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 08695-0446

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: _____