

## **INSTRUCTIONS FOR COMPLETING THE PUBLIC DEPOSITORS ANNUAL REPORT**

Please use the following instructions when completing the annual report form to ensure correct information is being supplied. If you have any further questions concerning this report form, please contact the Treasury staff at (601) 359-2172. Written inquiries may be faxed to (601) 359-2001 or sent via e-mail to [Collateral@treasury.state.ms.us](mailto:Collateral@treasury.state.ms.us)

**DUE DATE:** No later than thirty (30) days following your fiscal year end.

### **SCHEDULE A – GENERAL INFORMATION**

1. Report of Fiscal Year Ending is the fiscal year that this report covers.
2. Date Report Submitted is the date you return your form to the State Treasurer.
3. Public Entity Name is the official name of your office.
4. Political Subdivision Type - example; city, county, school district, utility district, community health agency, library, hospital, etc
5. Address of Principal Offices is your primary business address.
6. Telephone Number is your primary business telephone number.
7. Fax Number is your primary fax telephone number.
8. Contact Person is the person the State Treasurer may contact.
9. E-Mail Address is the email address of the person listed as the contact person.

### **SCHEDULE B – PUBLIC DEPOSITS HELD**

Please provide detailed information, as requested, per bank on any accounts that you may use for public funds.

- A. Account Name is the name by which the account is listed.
- B. Account Number is the number assigned by the bank to this account.
- C. Federal Tax Identification Number is the tax identifying number you have been assigned for this account.
- D. Type of Account is the category this account falls within. The categories are Demand (D), Time (savings accounts and all other interesting bearing accounts) (T), and Certificate of Deposit (CD).
- E. Account Balance is the balance of the account as of fiscal year end.

### **SCHEDULE C – CERTIFICATION**

The public depositors' annual report **MUST** be signed by the individual authorized to act on behalf of the public entity and the person preparing the report. The authorized depositor and the person preparing the report can be the same person. The signature, a printed or typed name, official title and the date executed should be completed as required. The executed document should then be notarized. The annual public depositor report form will not be considered complete until this section has been completed in its entirety. Please submit the completed form to the following address: State Treasury Department, Attn: Collateral Department, P. O. Box 138, Jackson, MS 39205.



**SCHEDULE C – CERTIFICATION**

“I hereby certify that I have read the foregoing facts and the attachments provided and that they are true”.

Authorized Depositor and person preparing the report can be the same person.

Authorized Depositor

Person Preparing Report

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me:

Notary Public: \_\_\_\_\_

Notary Seal

Date Commission Expires: \_\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING PUBLIC DEPOSITORS NOTIFICATION LETTER TO BANKS**

Please use the following instructions for completing the public depositor notification letter to banks. **The purpose of this letter is for a public depositor to identify to their banks the accounts being used for public funds.** It is recommended that the public depositor notify their bank of these public funds accounts on an annual basis. Please direct any questions concerning this letterform to your bank or to the State Treasury staff at (601) 359-2172. Written inquiries may be faxed to (601) 359-2001 or sent via e-mail to [Collateral@treasury.state.ms.us](mailto:Collateral@treasury.state.ms.us).

### **ACCOUNT INFORMATION SECTION**

1. Account Name – How your accounts are identified or named.
2. Account Number – The number assigned to your accounts by the bank.
3. The following types of Accounts to be listed in this section:
  - a. Demand Deposit Accounts (Checking)
  - b. Time Accounts (Savings accounts and/or all interest bearing accounts)
  - c. Certificates of Deposit

### **PUBLIC DEPOSITOR IDENTIFICATION**

The following information should be listed in the spaces provided:

1. *Telephone number* is your principal telephone number.
2. *Name* is the name of the person responsible for these accounts.
3. *Entity Name* is the political subdivision using these accounts.
4. *Street* is the street address where your principal offices are located.
5. *City* is the city where your principal offices are located.

The letter should be signed by the person responsible for these accounts.

### **CERTIFICATION SECTION**

The letter should be signed by an authorized official of the bank and retained in your records. This signature is certification by the bank official that your accounts are listed as public funds.

*It is not necessary to forward a copy of this letter to the State Treasurer's Office. Please retain this letter for your records and for audit purposes.*

