

FORM UP-1 SUMMARY REPORT



FOR TREASURY USE ONLY

REPORTS AND REMITTANCE are due November 1
of each reporting year for the property listed that is
unclaimed as of the preceding June 30th:

Tate Reeves
State Treasurer

STATE OF MISSISSIPPI UNCLAIMED PROPERTY REPORT

REPORT YEAR _____ Date of this report _____ Federal ID # _____

<i>Name of Holder:</i> _____		<i>Contact Person</i> _____	
<i>Mailing Address</i> _____		<i>Phone</i> _____	<i>Fax</i> _____
<i>City, State, Zip</i> _____		<i>E-Mail address</i> _____	<i>Type of Business</i> _____

Years qualified to do business in Mississippi

In compliance with the Mississippi Uniform Disposition of Unclaimed Property Act the above holder hereby reports the following property subject to the Act for the period ending June 30:
Funds held and owing which have remained unclaimed and unpaid and presumed abandoned, as reported in detail on the attached forms, amounting in total to \$ _____

AFFIDAVIT

State of _____ County/City of _____

I, _____,

(Type in name of officer, owner, etc., signing) *(Type in title of person signing)*

of the company, or holder, for which this report is made, being duly sworn (or affirmed) according to law do depose and say that this report is true and contains all facts required by law to be reported.

Signature of officer, owner, etc.

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____

(Notary Public)

MAIL REPORT & CHECK PAYABLE TO:

**State Treasurer of Mississippi
Unclaimed Property Division
P. O. Box 138
Jackson, MS 39205-0138**

**FILE THIS COPY ON OR BEFORE
NOVEMBER 1 WITH FORM UP-2**



**To: State Treasurer of Mississippi
 Unclaimed Property Division
 P. O. Box 138
 Jackson, MS 39205-0138**

**STATE OF MISSISSIPPI
 UNCLAIMED PROPERTY REPORT**

HOLDER INFORMATION:
Name of Business _____

Street Address _____

City, State, Zip Code _____

Contact _____ *Phone* _____

REPORT YEAR _____ PERIOD COVERED _____ TO _____

PROPERTY DESCRIPTION & IDENTIFYING NUMBER	OWNER'S LAST NAME, FIRST NAME STREET ADDRESS CITY, STATE, ZIP CODE COUNTY (IF KNOWN) LIST ALPHABETICALLY BY LAST NAME	OWNER SOCIAL SECURITY NUMBER	DATE OF LAST TRANSACTION OR DATE PROPERTY BECAME PAYABLE / RETURNABLE	AMOUNT REPORTED AS DUE OWNER

FILE THIS COPY ON OR BEFORE NOVEMBER 1 WITH FORM UP-1

NOTE: ITEMS LESS THAN \$100.00 MAY BE REPORTED IN AGGREGATE

TOTAL

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