



STATE OF CONNECTICUT
OFFICE OF THE STATE TREASURER
Unclaimed Property Division
Report of Unclaimed Property Cover Sheet
Calendar Year 20__

Holder Name _____ Tax ID Number _____
Street Address _____
City _____ State _____ Zip Code _____
State of Incorporation _____ Date of Incorporation _____
Contact Name _____ Phone Number _____ E-mail _____

FOLLOW INSTRUCTIONS FOR REPORTING UNCLAIMED PROPERTY
FILE ORIGINALS WITH YOUR REMITTANCE ON OR BEFORE MARCH 31st.

State of _____ County of _____

I, _____, being first duly sworn, on oath depose and state that I have caused to be prepared and have examined this report hereto totaling \$ _____, # of shares _____ and # of properties _____ as to property presumed abandoned under Connecticut Unclaimed Property Law for the year ending as stated, that I am duly authorized to execute this verification by the holder and by law and that I believe that said report is true, correct and complete as of said date, excepting for such property as has since ceased to be abandoned.

Signature _____ Title _____

Subscribed and sworn to before me this ____ day of _____ 20__.

Notary Signature (and Seal) _____