



# Texas Unclaimed Property Payment

Holder federal employer identification number (FEIN)

*AGENCY USE ONLY*

Div	Year	Seq	Type
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Holder name and address	State of incorporation or charter
	Date of incorporation or charter

**Report Contact** Phone number

Name
Mailing address
Email address
FAX number

**Claims Contact** Phone number

Name
Mailing address
Email address
FAX number

Holder's primary business activity:

SIC code:

Circle all report media used and provide report totals. Confirmation number must be included if filing via Internet	<u>NUMBER OF ITEMS</u>	<u>SHARES</u>	<u>CASH</u>
Diskette / CD ..... <i>(CD or Diskette submission requires prior approval from CPA staff.)</i>	_____	_____	\$ _____
Internet ( <i>Transmission confirmation number</i> _____)	_____	_____	\$ _____

The foregoing report contains a full and complete list of all property held by the undersigned that from the records of the undersigned, is abandoned under the laws of the State of Texas. The property delivered is a complete and correct remittance of all accounts; the existence and location of the listed owners are unknown; and the listed owners have not asserted an act of ownership with respect to the reported property.

**PAYMENT AMOUNT**

\$ \_\_\_\_\_

Mail this form with your payment to Comptroller of Public Accounts Unclaimed Property, Holder Reporting Section P.O. Box 12019 Austin, TX 78711-2019	For assistance, call 1-800-321-2274, option 2.
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**sign here** ▶

Title \_\_\_\_\_

\*\*\* DO NOT DETACH \*\*\*

## Payment for Unclaimed Property

*Complete one copy for each check submitted.*

- 1. T code ..... 1. ■ 9 0 1 0 0 PAYMENT
- 2. Deposit code ..... 2. ■ 5 5 2
- 3. Federal Employer Identification Number (FEIN) ..... 3. ■ 1 \_\_\_\_\_
- 4. Amount of check (Dollars and cents) ..... 4. ■ \_\_\_\_\_

*AGENCY USE ONLY*

Holder name	PM
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