

Mail to:
Unclaimed Property Division
Michigan Department of Treasury
P.O. Box 30756
Lansing, MI 48909

Michigan Holder Transmittal for Annual Report of Unclaimed Property

Issued under the authority of P.A. 29 of 1995. Filing is mandatory. Failure to file is punishable by fine.

This transmittal must accompany your annual report whether you are filing on paper, diskette or CD Rom. If your report does not meet Treasury specifications it will be returned to you. Holders filing from multiple branches under one federal employer number must coordinate a branch identification number with the UPD.

Report Year

General Information		
Holder's Name	Federal Employer ID Number	UPD Branch ID No.
Address	State of Incorporation	Date of Incorporation
City, State, ZIP Code	County	Report Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Did you exercise due diligence this report year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you file a <i>Report of Unclaimed Property</i> last year? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:	
Primary business activity	Report Type <input type="checkbox"/> Annual <input type="checkbox"/> Compliance <input type="checkbox"/> First <input type="checkbox"/> Audit <input type="checkbox"/> Other	What media type are you filing? <input type="checkbox"/> CD Rom <input type="checkbox"/> disk <input type="checkbox"/> paper (Form 1223) Do not mix media types for the same report.
Annual Sales/Premiums		Is the company: a wholly-owned subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No a division? <input type="checkbox"/> Yes <input type="checkbox"/> No publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No private? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Assets		
No. of Employees		

Reporting Requirements

You must report and submit all property (defined in General Instructions) in your custody that belongs to someone else and has gone unclaimed.

Attach payment here.

Total number of safety deposit boxes reported	
Total number of shares of stock/mutual funds	
Enter the total amount paid with this transmittal	\$
Make checks payable to "State of Michigan".	

Certification

<i>I declare under penalties imposed by P.A. 29 of 1995, as amended, that I have examined this report and to the best of my knowledge it is true and complete.</i>		
Print Contact Name	Telephone Number	
E-mail Address	Fax Number	
Authorizing Signature	Title	Date

If you are a successor, attach a separate sheet listing the names and last known addresses of all previous holders of the property being reported. If you have changed your name during the reporting period, attach a separate sheet listing all prior names.

Treasury Use Only			
Holder ID	Report	Stock ID	Import Batch