Unclaimed Property Unit
P.O. Box 17161
Room 310
Baltimore, Maryland 21297-1161

Maryland Unclaimed Property Report

HOLDER: _____ **HOLDER NUMBER:** _____

FOR THE YEAR ENDED: _____ **DUE DATE:** _____

A. If you have **NO** unclaimed property to report for this period, check here: ☐

B. If you **DO** have unclaimed property to report:

1. Enter total dollar amount of all accounts **LESS** than $100.00 here: **$** _____
2. Use **FORM COM/CD 919** to report:
   - Individual accounts **$100.00** and **GREATER**
   - Securities (stocks, bonds, certificates, etc.)
   - Safe Deposit Boxes

Enter total number of unclaimed accounts **$100.00** and **GREATER** listed on **FORM COM/CD 919** here: _____

IMPORTANT: We will notify owners to call you about this report, at: _____

, unless you give a preferred telephone number here: _____

I declare under penalty of perjury that this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge is a true and complete report.

Signature	Title	Date

Federal I.D. Number: _____

Name of Company or Corporation: _____

Mailing Address: _____

Location Address: _____

City & State: _____ **Zip Code:** _____

Contact Person: _____ **Telephone Number for Contact Person:** _____

E-mail for Contact Person: _____

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(410) 767-1700 OR Toll Free 1(800) 782-7383
FAX: (410) 333-7150