Negative Report

The Negative Report of Unclaimed Property applies to entities that have no unclaimed property to report for the required period. Should you have any questions, contact the Reporting Specialists at (602) 716-6031 or (602) 716-6032.

DO NOT file Negative reports on CD, DVD or USB flash drive.

Section 1

In this section, identify your company, the reporting period and designated contact. The designated contact will be responsible for all ongoing interaction with the Arizona Unclaimed Property Section. Future correspondence and holder reimbursements will be sent to the address reported at this time. An officer of your company may change the designated contact person/contact information by completing Arizona Form 285UP and Arizona Form 650A(Sections 1 and 2).

Section 2

In this section, carefully read the holder declarations and indemnity agreement.

The signature of the employee authorized to execute the report is required.

650D NEGATIVE REPORT OF ABANDONED PROPERTY		
		DATE STAMP
1	Entity Name (Holder)	
	Federal ID Number	State / Date of Incorporation
	Period Covered	I
	Prior Name (if Entity Name has changed)	Previous Holder
	Holder Contact (for use by Unclaimed Property staff) Name	
	Direct Telephone Number	
	E-mail Address	
	Mailing Address	
	City	State ZIP code
2	The undersigned declares under penalty of pegiury, to property which would be presumed abandoned under that he/she is duly authorized to execute this report.	hat to the best of his/her knowledge and belief, the above named entity has r the Arizona Uniform Unclaimed Property Act for the period covered as stated ar
2	property which would be presumed abandoned under	that to the best of his/her knowledge and belief, the above named entity has re the Arizona Uniform Unclaimed Property Act for the period covered as stated an
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2	property which would be presumed abandoned under that he/she is duly authorized to execute this report. Print Name MAIL TO: Arizona De Unclain 1600 W Monroe Phot	the Arizona Uniform Unclaimed Property Act for the period covered as stated an Date Date partment of Revenue ned Property Unit Street, Division Code 10

Negative Report Form 650D