



REPORTING INSTRUCTIONS

Report Cover Page

After a report is submitted, a holder may choose to repay the owner directly or may determine that items within the report were filed in error. In these cases, the holder may seek reimbursement by submitting the Holder Request for Reimbursement form (Arizona Form 670) along with the required documentation substantiating the repayment or error. **Please use the current version, 670 revised 09/09. All other forms are obsolete and will not be accepted.**

Section 1

In this section, identify your company and designated contact.

Report Year - the year in which the requested property was reported to the State of Arizona.

Report Amount - the total dollar amount of the report you are referencing.

Property Type Code - the property type code used to identify the property you are requesting.

Aggregate - indicate if the property you are requesting was reported in aggregate form.

Property Amount - the amount of funds, shares, or tangible properties transmitted to the State, for the property in question.

Owner Name and Address - the full name and address of the owner as it is shown on the report.

Property Description - the description of the property you are requesting, such as, the identification, check, or other reference number.

Section 2

In this section, identify property for which the holder is seeking reimbursement.

Holder Name - the name of your company as listed on the Unclaimed Property Report you are referencing.

Tax Identification Number - the tax id number reported on the Unclaimed Property Report you are referencing.

Mailing Address - the mailing address of your company as declared on your most recent unclaimed property report (Arizona Form 650A-C).

Contact Person / Contact Information - the name of your company's designated State contact as designated on the most recent report filed (Arizona Form 650A-C).

Section 3

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

Section 4

In this section, a notarized signature of the designated contact person is required.

Please Note:

1. **All fields in each section of the form must be completed before the State of Arizona will process your request for information or make payment.**
2. **You are required to submit documentation to support your claim for reimbursement**, which may consist of copy of cancelled check(s), front, and back, evidence of account reactivation, or a sufficient letter of explanation.

Only a company employee designated as the Unclaimed Property contact on the last report (Arizona Form 650A-C) may request a holder reimbursement. 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). The designated contact will be responsible for all ongoing interaction with the Arizona Unclaimed Property Section.

ARIZONA FORM 670		Arizona Department of Revenue HOLDER REIMBURSEMENT REQUEST FORM			
1	Owner Information				
	Report Year	Report Amount	Property Type Code	Aggregate <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Owner's Name as Indicated on Report				
	Additional Owner as Indicated on Report				
	Owner's Street Address				
Owner's City or Town		Owner's State	Owner's ZIP Code		
Property Description					
2	Holder Information				
	Holder Name				
	Tax Identification Number				
	Mailing Address				
	City or Town		State	ZIP Code	
	Contact Person		Title		
Telephone Number		E-mail Address			
3	I depose and swear under oath that I am authorized to make this affidavit as a duly authorized officer. Based upon personal knowledge, the information provided by the reporting institution (holder) to substantiate payment to the owner or reinstatement of the remitted account is true and correct. By demonstrating that the owner, or his/her personal representative was paid or reinstated, I hereby certify this claim for reimbursement is valid and just. Upon payment by the Arizona Department of Revenue of the reimbursement described above, the reporting institution (holder), herein named, agrees to indemnify and hold harmless the State of Arizona, its employees and agents from any and all liability, claims, demands, losses, suits, or actions, arising from or related to any other party who hereafter asserts or attempts to establish right to payment of the above described funds to the extent of the value of the property so paid or delivered.				
4	Signature		Date		
	Subscribed and Affirmed before me by: _____ this _____ day of _____, 20____. State of _____ County of _____				
Notary Public Signature		(Affix Seal Here)			
MAIL TO: Arizona Department of Revenue • Unclaimed Property Unit • PO Box 29026 • Phoenix, AZ 85038-9026 For assistance in the Phoenix area: (602) 364-0380 or outside the Phoenix area toll free: (877) 492-9957 Fax: (602) 542-2089 • www.azunclaimed.gov					
ADOR 17-2022 (9/09)					