



**STATE OF NEW JERSEY
UNCLAIMED PROPERTY ADMINISTRATION
HOLDER REIMBURSEMENT FORM**

HOLDER NAME: _____
FEDERAL TAX ID: _____
REPORT YEAR: _____
REPORTED AMOUNT: _____
TOTAL REIMBURSEMENT AMOUNT: _____
HOLDER ADDRESS: _____
HOLDER CITY, STATE, ZIP: _____
CONTACT NAME: _____
CONTACT TITLE: _____
PHONE: _____
EMAIL ADDRESS: _____

WERE THESE PROPERTIES REPORTED AS AGGREGATE?
NO
YES TOTAL AGGREGATE REPORTED AMOUNT: _____
ALL AGGREGATE PROPERTIES MUST BE SUBMITTED ON A SEPARATE CSV FILE.

Please sign and return this completed form along with any supporting documents to upadocs@treas.nj.gov.

IMPORTANT: A copy of the canceled check (front and back) or proof the account was reinstated/reimbursed must accompany this request. Please include a csv file with the property information your requesting reimbursement. The reimbursement process will be delayed if you fail to provide this information.

Additional Comments/Instructions:

Signature: _____ Print: _____ Date: _____