

# KANSAS SUMMARY OF UNCLAIMED PROPERTY

Must be postmarked on or before November 1st (May 1st for Life Insurance)



**www.KansasCash.com/holders**  
 900 SW Jackson St. Ste 201  
 Topeka, KS 66612-1235  
 (785)291-3173  
 (785)291-3172 fax

## BUSINESS INFORMATION

Business Name \_\_\_\_\_

Tax ID # \_\_\_\_\_ Incorporated In \_\_\_\_\_  
 State

Business Address \_\_\_\_\_  
 Mailing Address City State Zip

Previous Business Name(s) \_\_\_\_\_  
 (If Applicable)

## CONTACT INFORMATION

This person will be listed as the contact for property inquires (required)

Name Phone Email

## REPORT INFORMATION

Report Total Dollar Amount \$ \_\_\_\_\_  Check if filing a Zero Report (not required in KS)

Report Method  Paper\*  NAUPA CD/Disk  UP3 Online System  Secure Upload

Payment Method  Check  ACH/Wire Check/ Wire or ACH# \_\_\_\_\_

Reporting Safe Deposit Boxes  YES Number of Boxes Reported \_\_\_\_\_

Reporting Shares of Stock  YES Number of Shares Reported\*\* \_\_\_\_\_

*\*Paper Reports are only accepted for reports 25 properties & under and must use our form (page11). If you have a Naupa paper report, a disk **must** be submitted or upload your Naupa file to our secure site at [www.KansasCash.com/holders](http://www.KansasCash.com/holders).*

*\*\*Supply Confirmation Statements with report.*

**Securities must be remitted according to the instructions on website: [www.KansasCash.com/holders](http://www.KansasCash.com/holders) (Click on .PDF link at bottom of web page)**

**Check Payable To:** Kansas State Treasurer

**Mail Report To:** Kansas Unclaimed Property Dept  
 Holder Services

**ACH/Wire Info:** Contact our Office  
[lisa@treasurer.ks.gov](mailto:lisa@treasurer.ks.gov)

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◆◆◆◆◆ I swear that I have prepared, or have caused to be prepared, and have examined this report as to property presumed abandoned under the Uniform Unclaimed Property Act. I am duly authorized to execute this verification by the holder and by law. **To the best of my knowledge and belief said report is true, correct and complete.**

Signature Date Phone Number

Print Name Email Address