
INSTRUCTIONS FOR HOLDER REPORTING ERRORS

PURPOSE: A holder of abandoned and unclaimed property must complete this form to seek reimbursement from the Treasury Department for funds or shares which were paid by the holder to the Treasury Department in error.

- INSTRUCTIONS:**
- 1) Complete the form as outlined below.
 - 2) If claim is greater than \$10,000, provide signature identification in the form of a drivers license or signed work identification card or badge.
 - 3) Provide a notarized letter, if the value is \$5,000 and greater, on company letterhead explaining the amount remitted in error.
 - 4) For reporting errors greater than \$10,000, provide a letter authorizing you to represent your company of their behalf. The letter must include the following:
 - 1) Appear on company letterhead.
 - 2) Contain the company's corporate seal or be notarized.
 - 3) Be signed by a corporate officer other than yourself.

COMPLETION OF FORM: All information must be accurate and complete. As long as the report year is listed on each line, multiple owners may be listed on one AP-7 form. An original form must be submitted;**no photocopies will be accepted.**

Part I. Holder Information: Enter EIN (Employer Identification Number) of the holder, name, address, contact person and telephone number.

Part II. Claim Information: Enter all data necessary to identify property for which the holder is seeking reimbursement. The identification data entered on this form must be identical to the information included on the Report of Abandoned and Unclaimed Property (AP-2) submitted to the Treasury Department. The basic information data includes:

- 1) Report Year.
- 2) Property Code - the two digit code for the property claimed as defined on the Summary Sheet of Reported Items (AP-7) or Property Codes (available in our Holder Reporting Book).
- 3) Account/Reference/Check/Number - the identification number for the property which was entered in Column 1 of the AP-2.
- 4) If the property was reported in the aggregate, specify the aggregate total.
- 5) Owner(s) Name and Address- the full name(s) and address(es) of the owner(s) as shown on the AP-2. If "unknown" at time of report, provide name and current address on form.
- 6) If the property was remitted in error, indicate "reason for error" and include a notarized letter indicating the amount remitted in error.
- 7) Amount - the dollar amount or number of shares originally transmitted by the holder to the Treasury Department.
- 8) Total Amount (all pages); Total Number of Shares(all pages) - the amount/ number of shares expected to be reimbursed to the holder by the Treasury Department.

Part III. Holder Certification: **This notarized statement must be completed before Treasury will process the request for reimbursement and make payment.** Proof that the holder remitted in error must be submitted with each and every holder seeking reimbursement. Signature must be of a corporate officer.

INTEREST: The Treasury Department shall pay interest at the prevailing rate for overpayments pursuant to section 806.1 of the Fiscal Code. 72 P.S. Section 1301.14.

AP-7

HOLDER REPORTING ERRORS

 For funds paid to the Department

TREASURY USE ONLY

Claim Number _____
 Date Received _____
 Holder EIN _____
 Prepared By _____

PART I HOLDER INFORMATION: (see instructions for claim completion)

EIN NUMBER

NAME OF HOLDER

STREET ADDRESS

CITY STATE ZIP CODE

CONTACT PERSON TELEPHONE EXT

PART II CLAIM INFORMATION:

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number _____

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number _____

PART II CLAIM INFORMATION: (continued)

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number

REPORT YEAR

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

TREASURY USE ONLY:

Property ID Number

PART II CLAIM INFORMATION: (continued)

REPORT YEAR

TREASURY USE ONLY:

Property ID Number

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

REPORT YEAR

TREASURY USE ONLY:

Property ID Number

PROPERTY CODE

ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL

REPORTED OWNER(S) NAME (exactly as indicated on report)

REASON FOR ERROR

AMOUNT

NUMBER OF SHARES

TOTAL AMOUNT (all pages)

TOTAL NUMBER OF SHARES (all pages)

PART III HOLDER CERTIFICATION:

I, Name of Representative, Title, a duly authorized corporate officer of the holder listed above, do hereby certify that the above listed funds or shares, which were listed in the Report of Abandoned and Unclaimed Property filed by the holder have been remitted in error. The holder therefore requests reimbursement for such payment.

Signature of Corporate Officer _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary

My commission expires: _____

COMMONWEALTH OF PENNSYLVANIA
TREASURY DEPARTMENT
BUREAU OF UNCLAIMED PROPERTY
PO Box 1837
Harrisburg, PA 17105-1837