



**Department
of Commerce**

Mike DeWine, Governor
Jon Husted, Lt. Governor

Division of Unclaimed Funds
Sheryl Maxfield, Director

OUF-1A Unclaimed Funds Reporting Form

Apply Mailing Label Below or Enter Current Information

Company Name	FEIN or SSN
Company Physical Address (including city, state, zip code)	Contact Phone Number
Company Mailing Address (including city, state, zip code)	Contact Email Address
Name of Contact Person	State of Inc / Organization
Contact Person Title	Year Inc. / Organized
<input type="checkbox"/> MUST Check if information has changed from last filing date.	Report Year
<input type="checkbox"/> MUST Check for final report: Company is out of business or no longer doing business in Ohio.	
<p>The Ohio Division of Unclaimed Funds encourages companies to file their Annual Report of Unclaimed Funds through the Ohio Business Gateway at www.business.ohio.gov.</p>	
<p>Does the Company listed above have unclaimed funds to report? If YES, then complete the remainder of this form as well as the OUF-2 and sign the report verification.</p> <p>If NO, then file the "Negative" or "NONE" report online through the Ohio Business Gateway at www.business.ohio.gov. If unable to file online, please contact our office at 614-466-4433 to request a form or email your contact name, business name and contact information (phone number, mailing address and applicable email address) and circumstance for requesting a paper form at UnfdClaims.UnfdClaims@com.state.oh.us.</p>	
<p>Being first duly sworn, the undersigned certifies they are an officer of the company or an agent duly authorized to sign this report and to the best of their knowledge and belief the foregoing report and supporting records, is a true and complete report of all unclaimed funds required to be reported to the state of Ohio, inclusive of interest and dividends thereon in accordance with Chapter 169 of the Ohio Revised Code, and the required notices have been sent to owners and beneficiaries of record.</p>	
Signature	Title or Agent Relationship
Print Name	Date
<p>Mail the report, remittance check, securities, and safe deposit box contents to Ohio Division of Unclaimed Funds 77 South High Street, 20th Floor Columbus, Ohio 43215-6108</p>	
<p>For Division Use Only</p>	
	Check No
	Check Amt
	Receipt I D

