Ohio | Department of Commerce

Division of Unclaimed Funds
Sheryl Maxfield, Director

Mike DeWine, Governor
Jon Husted, Lt. Governor

OUF-2 List of Unclaimed Funds Owners

PAGE_____OF _____

Please Type or Print LEGIBLY. Applicable accounts less than $50 can be reported individually or as an AGGREGATE total.

Joint accounts or accounts with multiple relationships: Use two (2) or more account information blocks to list the owner information for these types of accounts. Enter duplicate account information of the owners related to the accounts. Enter the Amount Remitted for the first owner record only, enter $0 for the Amount Remitted for additional related records.

IMPORTANT: Owner's SSN or FEIN (if known) must be included.

COMPANY NAME (Holder or Reporting Company)		FEIN OR SSN	REPORT YEAR

Block 1

DESCRIPTION:			Full Amount: $ Deducted: $
ACCOUNT NO.:	CHECK NUMBER	NATURE OF FUNDS CODE / AMOUNT REMITTED	Deduction Code
DATE OF LAST ACTIVITY	LAST NAME OR BUSINESS NAME	FIRST NAME / INTIAL	RELATIONSHIP CODE
SSN OR FEIN:	STREET ADDRESS:		
DATE OF BIRTH:	CITY	STATE / ZIPCODE	

Block 2

DESCRIPTION:			Deducted: $
ACCOUNT NO.:	CHECK NUMBER	NATURE OF FUNDS CODE / AMOUNT REMITTED	Deduction Code
DATE OF LAST ACTIVITY	LAST NAME OR BUSINESS NAME	FIRST NAME / INTIAL	RELATIONSHIP CODE
SSN OR FEIN:	STREET ADDRESS:		
DATE OF BIRTH:	CITY	STATE / ZIPCODE	

Block 3

DESCRIPTION:			Deducted: $
ACCOUNT NO.:	CHECK NUMBER	NATURE OF FUNDS CODE / AMOUNT REMITTED	Deduction Code
DATE OF LAST ACTIVITY:	LAST NAME OR BUSINESS NAME	FIRST NAME / INTIAL	RELATIONSHIP CODE
SSN OR FEIN:	STREET ADDRESS:		
DATE OF BIRTH:	CITY	STATE / ZIPCODE	

Block 4

DESCRIPTION:			Deducted: $
ACCOUNT NO.:	CHECK NUMBER	NATURE OF FUNDS CODE / AMOUNT REMITTED	Deduction Code
DATE OF LAST ACTIVITY:	LAST NAME OR BUSINESS NAME	FIRST NAME / INTIAL	RELATIONSHIP CODE
SSN OR FEIN:	STREET ADDRESS:		
DATE OF BIRTH:	CITY	STATE / ZIPCODE	

	PAGE TOTAL
	REPORT TOTAL