

## Claim Form and Instructions

<b>1</b>	Claimant's Name - First & Last Name <b>OR</b> Business Name	<b>2</b>	Claimant's Mailing Address
<b>2a</b>	Claimant's Street Address	<b>3</b>	City <span style="float: right;">State      Zip</span>
<b>4</b>	Claimant's Phone No. & Email Address - if applicable (      )      -	<b>5</b>	Claimant's Social Security # <b>OR</b> Business FEIN (9 digits)
<b>6</b>	Was yours the listed name <b>YES</b> or <b>NO</b> (circle one) - If <b>NO</b> , Print the Listed Name:	<b>7</b>	Is the Owner Deceased? <b>Yes</b> or <b>No</b> (circle one) - If <b>Yes</b> what is the status of the estate? <b>Open, Closed, or Never Opened</b> (circle one)  - If <b>Open</b> print the Administrator's Name:
<b>6a</b>	- Is this a business? <b>YES</b> or <b>NO</b> (circle one)  - If <b>YES</b> is the business <b>ACTIVE</b> or <b>INACTIVE</b> ? (circle one)		

**The following must be included with this form:** (We may require additional information on ANY claim submitted)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>- Copy of Driver's License or other valid photo identification &amp;</li> <li>- Documentation of Social Security Number</li> <li>- If the owner is deceased, include a copy of Death Certificate</li> </ul> | <ul style="list-style-type: none"> <li>- Open Estate: Copy of Letters of Administration</li> <li>- Closed Estate: Copy of Will, if any, and all estate documents</li> <li>- Never Opened: <a href="#">Estate Declaration &amp; Table of Heirship</a></li> </ul> |
|--|---|

**If you have any questions filing this claim, please follow the instructions on the next page.**



Under penalty of perjury, each of the undersigned claimants agrees to the following: that all the information on this form and the attachments is true and complete; that, to the best of his/her knowledge, he/she has a legal or equitable interest in abandoned property being held by the State of West Virginia Treasurer; that he/she will only accept payment of property to which he/she is entitled under the West Virginia Unclaimed Property Act; that he/she will immediately return any property to which he/she becomes aware that he/she is not entitled; and he/she will indemnify and hold harmless the Unclaimed Property Division, the State Treasurer's Office, their officers and employees, and the State of West Virginia against claims to the property by another claimant.

Claimant Signature(s): **(all claimants must sign and have notarized)**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me \_\_\_\_\_ Day of \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

(Notary, please note number of claimant signatures notarized here: \_\_\_\_\_)

Notary Stamp

**Federal Privacy Notice Act:** Providing your Social Security number (SSN) is optional, however, if you choose not to provide your SSN, there may be insufficient information available to determine whether you are the owner of the unclaimed property held by the Division.

**Exception:** Recipients of interest-bearing or security-related instrument property must provide SSN on W-9 form. The Division is required to report names and SSNs of recipients of certain types of payments to the Internal Revenue Service (IRS). If your payment includes interest paid to you, you will receive an IRS 1099INT form. If you received cash as the result of security related transaction, you will receive an IRS 1099B form. If your payment included any accrued cash dividends on securities, you will receive an IRS 1099DIV form. The Unclaimed Property Division mails all IRS information tax documents during January following the end of the current calendar year. If you have any questions regarding your tax liability, please consult with an appropriate tax specialist.

**Mail completed form to:**

Office of State Treasurer  
 Unclaimed Property Division  
 Post Office Box 4228  
 Charleston, WV 25364

## Claim Form Instructions

**Box 1 – Claimant’s Name:** Print your name and provide a copy of your current driver’s license or other valid photo identification. If your name has changed, please provide documentation of the name change (i.e. copy of marriage certificate, divorce decree, etc.)

**Boxes 2, 2a and 3 - Claimant’s Address:** Print current mailing and/or street address. If this is a post office box please provide on the second line your street address i.e. Route 3 Sugar Grove Lane.

**Box 4 – Claimant’s Phone Number and email address:** Print primary contact phone number and email address if applicable.

**Box 5 – Claimant’s Social Security Number (SSN) or Federal Employer Identification Number (FEIN):** if the property is in the name of an **individual**, claimant must provide SSN on the claim form and a copy of social security card or documentation with owner’s name and SSN.

If the property is in the name of a **business**, claimant must provide documentation of the business’s FEIN in the form of a recent tax document, notification of FEIN from the IRS, an IRS 941 form or Workers Compensation Insurance documents. Provide valid identification of the claimant i.e. unexpired photo identification and/or employee id for person signing the claim form.

**Box 6 - Was yours the listed name?:** If you are the listed name, circle **YES**. If you circled **NO**, please provide the following: A copy of the Power of Attorney or other documentation showing your authority to file on owner’s behalf. Also, send a copy of the owner’s photo identification and documentation of their SSN. If no photo ID include 2 other proofs of identification such as insurance card or voter’s registration card. If the owner is a minor, provide a copy of their state birth certificate and SSN.

**Box 6a – Is this a business –** Is this is a business? **YES** or **NO**. If **YES** what is the status of the business? **ACTIVE** or **INACTIVE**? If **active** provide the following:

- Documentation of the business’ FEIN in the form of a recent tax document, IRS notification of FEIN, or an IRS 941.
- Valid identification of the claimant i.e. unexpired photo and/or employee id for person signing the claim form.
- A resolution or agreement indicating the claimant’s authority to claim the property on behalf of the business, or recent federal income tax filing or copy of Secretary of State’s office filing, indicating the level of the claimant signing the form. The filing must show that the claimant signing the claim form has authorization to claim this account on behalf of the company.

If **inactive** provide the following:

- Completed claim form in the name of the business with a valid physical address and PO Box if applicable.
- Documentation that individual signing is entitled to claim on behalf of the inactive business. For example, documentation would be final tax return showing shareholders.
- Provide valid unexpired ID.
- Proof that the business is inactive:
  - Corporations - Provide a copy of Certificate of Dissolution from the Secretary of State’s Office. If the owner is a corporation claimant must complete the Declaration for Claiming Property in the Name of the Corporation (may be downloaded from the website) along with documentation showing percentage of shares owned.
  - Partnerships - Provide a copy of final tax return, including partnership returns.

### **Box 7 - Owner Deceased:**

- If you are claiming for a deceased owner and the estate is **open**, circle **OPEN**. Print name of estate Administrator or Executor. Only the Administrator or Executor may claim for the estate; payments will be made to the **Estate in care of the Administrator or Executor**.
- For an open estate, provide claim form, copy of executor’s valid driver’s licenses, original copy of death certificate, letter of administration, documentation of SSN of the owner if it is not on the death certificate **or** FEIN and a completed W-9 form for the estate, if applicable. Claimant must provide proof of estate’s FEIN in the form of a recent tax document or IRS notification.
- If estate is **closed**, circle **CLOSED**. For a closed estate, provide a claim form, valid driver’s license, claimant’s verification of SSN, original copy of death certificate, probated will, and final distribution of estate. If no will then provide table of heirship.
- If an estate was **never opened**, circle **NEVER OPENED**. For a never opened estate, provide a claim form, valid driver’s license, claimant’s verification of SSN, copy of death certificate, an Estate Declaration Form and Table of Heirship, documentation of the owner’s SSN if not on the death certificate, recorded copy of the Will, and a completed W-9 form. **Note:** If the claimant is the surviving spouse, the Estate Declaration Form is not required.

The Unclaimed Property Division generates 1099 tax forms annually. For claims that require a W-9 form, the document needs completed with the claimant’s SSN and signature. In the case of claimant’s providing a limited power of attorney, the person who files claim on behalf of all parties and completes the W-9 form, will be responsible for the tax consequences for the total amount of the applicable property. See the Federal Privacy Notice Act on the front of the Claim Form page with applicable property types.

**If you cannot provide documentation as requested, please attach a letter explaining why you are entitled to this property or any special circumstances that may apply to this claim.**