Department of Revenue Washington State

REPORT OF UNCLAIMED SAFE DEPOSIT BOX CONTENTS

(A) Holder _____

(B) Holder Number _____

(C) Report Year _____

(D) Period Covered _____ To _____

One Box Per Page

Do not send contents with original report.

Reset This Form

1) Safe Deposit Box Number

2 & 3) Owner's Name & Social Security Number

Last Name *First* *Middle*

Social Security Number

4) Owner's Mailing Address

Street or PO Box

City *State* *Zip Code*

5) Date of Abandonment ***(Month, Day, Year)***

6) Branch Property Was Held

Branch Name

Street or PO Box

City *State* *Zip Code*

7) Amount Due Holder

Type	Amount
Drilling.....	$_____
Unpaid Rent.....	$_____
Safekeeping.....	$_____

8) Itemized Description of Contents (*One Item Per Line or Attach Itemized List*):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

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REV 80 0002-1e (7/5/12)

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