

New Mexico Taxation and Revenue Department  
**Holder's Request For Reimbursement**  
Unclaimed Property Office  
P.O. Box 25123  
Santa Fe, New Mexico 87504-5123

Page No \_\_\_\_\_ of \_\_\_\_\_

Section 1								
1. Name of Holder			2. Report Year			3. FEIN, SSN, or ITIN		
4. Mailing Address - City, State, Zip Code								
5. Name of Contact Person		6. Contact Phone Number		7. Contact Email Address				
Section 2								
If amount was remitted in error, attach a separate sheet detailing the error.								
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
Owner's Name and Address (Exactly as on report)	Claimant's Name and Address (If different than owner)	Property Type Code	Account Refer- ence Number (If aggregate specify)	Date Paid to Owner or Date Account Reactivated	Dollar Amount/ Number of Shares	Total Request for Reimburse- ment	Type of Check (Mark only one)	Amount Remitted in Error (Mark only One)
							<input type="checkbox"/> Standalone <input type="checkbox"/> Combined	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Standalone <input type="checkbox"/> Combined	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Standalone <input type="checkbox"/> Combined	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Standalone <input type="checkbox"/> Combined	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Standalone <input type="checkbox"/> Combined	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Standalone <input type="checkbox"/> Combined	<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Standalone <input type="checkbox"/> Combined	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Total of Column 7 to be issued as a combined check				
						Total of All Pages		

New Mexico Taxation and Revenue Department  
**Holder's Request For Reimbursement**  
**Instructions**

**Section 3: Holder Certification**

I \_\_\_\_\_, a duly authorized representative of the holder listed above, do hereby certify that the funds, or other property listed on all pages of the included with this certification which was listed in the Report filed by the holder, have been paid to the rightful owner(s) or their appointed representatives. I agree, upon payment of the above-described property to indemnify the State and hold it harmless for all claims and losses, demands, costs, and other expenses which the State may sustain by reason of returning property to the holder and by reason further of its refusal to pay the property to other person or persons.

Name and Title of Holder Representative (type or print) \_\_\_\_\_

Signature of Holder Representative \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Signature \_\_\_\_\_ My commission expires \_\_\_\_\_

(Official Stamp)

New Mexico Taxation and Revenue Department  
**Holder's Request For Reimbursement**  
**Instructions**

This form is used to request a reimbursement, or refund, or both for amounts that were submitted in error or amounts that have been paid to the owner by holder.

In the reimbursement process, a holder decides to pay an owner and then files a claim with the Unclaimed Property Office (UPO) for reimbursement. We encourage the holder to use the reimbursement process for those customers and owners demanding immediate payment or reinstatement of their accounts. The UPO makes every effort to respond to your request as quickly as possible.

Refunds are made to holders who have overpaid their unclaimed property reports. The overpayments are usually due to accounting errors or other mistakes made during the preparation of reports.

**Page Number** Pages should be numbered consecutively (e.g., page 1 of 24; 2 of 24) at the top of the form. Page totals of amounts for a combined check, column 7 are to be entered on each page and the grand total should be entered on the last page.

## FORM INSTRUCTIONS

### Section 1

- 1. Name of Holder**  
Enter the name of the holder.
- 2. Report Year**  
Enter the report year applicable to this report.
- 3. FEIN, SSN, or ITIN**  
Enter the FEIN, SSN, or ITIN of the holder.
- 4. Mailing Address - City, State, Zip Code**  
Enter the mailing address of the holder.
- 5. Name of Contact Person**  
Enter contact person's name.
- 6. Contact Phone Number**  
Enter contact person's phone number.
- 7. Contact Email**  
Enter contact person's email address.

### Section 2

#### Column 1: Owner's Name and Address

List alphabetically. Enter owner's last name, first name, middle name or initial; and address. Use one block for each owner's name and address. If there is joint ownership of the securities, list both names within the same block.

#### Column 2: Claimant's Name and Address

If claimant is different than owner enter claimant's last name, first name, middle name or initial; and address;

#### Column 3: Property Type Code

Enter the proper property type code corresponding to the description as listed on the Retention

Period and Property Type Codes Schedule. The number to the right of the property type indicates the number of years of inactivity after which the account should be reported as unclaimed.

#### Column 4: Account Reference Number

Enter account reference number. If aggregate-specify.

#### Column 5: Date Paid to Owner or Date Account Reactivated

Enter the date that the amount was paid to owner or the date the account was reactivated.

#### Column 6: Dollar Amount/Number of Shares

Enter the dollar amount and/or the number of shares.

#### Column 7: Total Request for Reimbursement

Enter the total amount of reimbursement for row.

#### Column 8: Type of Check

Mark only one box in this column for each row. If holder is requesting a single check for the amount in row mark Standalone. If holder is requesting a combined check for multiple rows mark Combined, then total at the bottom of the page.

#### Column 8: Amount Remitted in Error

Mark only one box in this columns for each row. If the amount was remitted in error mark yes and attach a separate sheet detailing the error. If the amount was not remitted in error mark no.

### Section 3

Complete this section of the form which is a sworn statement by the holder or holders representative indicating that the statement is accurate, and that all other information provided in the report is true and correct to the best of the holders' or holder's representative's knowledge.

**You may photocopy this form as needed.**

If you have any questions please contact the Unclaimed Property Office at:

New Mexico Taxation & Revenue Department  
Unclaimed Property Office  
P.O. Box 25123  
Santa Fe, New Mexico 87504-5123  
[Unclaimed\\_Property@tax.nm.gov](mailto:Unclaimed_Property@tax.nm.gov)  
505-827-0668