



**Nevada State Treasurer – Unclaimed Property  
Consolidated Reporting Request Form**

**Holders requesting to file one report for a parent company which includes subsidiaries  
(different FEIN's) must complete this form and submit it to:  
[nvholder@nevadatreasurer.gov](mailto:nvholder@nevadatreasurer.gov)**

**HOLDER INFORMATION**

Date:	Check all that apply : Insurance Annual Report <input type="checkbox"/> Annual Report <input type="checkbox"/>	
Parent Company Federal/Tax ID No.:	Contact Person:	
Nevada Business ID: (Businesses registered with the Nevada Secretary of State only)	Email:	
Parent Company Name:	Title/Department:	
Address:	Phone #:	Fax No.:
City: State: Zip:	Nevada Holder ID Number:	
Reason for Request (attach backup documentation, i.e., company policy, etc.):		

**Subsidiary Company Information Below (please attach separate document if more room is needed):**

Company Name	FEIN	Address

**I declare to the best of my knowledge and belief that the information provided above (and in any attached documentation) is true and correct.**

Printed Name \_\_\_\_\_ Signature (original signature required) \_\_\_\_\_ Title \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Program Officer I <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Program Officer Signature	Date
If denied; reason for denial:		
Deputy Treasurer <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Deputy Treasurer Signature	Date
If denied; reason for denial:		