



**State of Nevada Office of the State Treasurer
Unclaimed Property**
555 East Washington Avenue, Suite 5200, Las Vegas NV 89101-1070

HOLDER REQUEST FOR EXTENSION

HOLDER INFORMATION		
Holder Information:	Tax/FEIN Number:	
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Phone Number: ()	Fax Number: ()
REQUEST INFORMATION		
Select additional time required to complete report: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> Other		
Reason for request: <input type="checkbox"/> Reorganization/Merger <input type="checkbox"/> Personnel Changes <input type="checkbox"/> New Transfer Agent <input type="checkbox"/> System Problems <input type="checkbox"/> New Computer Program		
Other (please explain)		
CERTIFICATION		
<p>I am requesting an extension for reporting year _____. I am aware of Nevada's requirement to remit abandoned property by October 31st (April 30th for all insurance entities) and am duly authorized to execute this request for an extension.</p> <p>Submit this form to the Nevada Unclaimed Property Office at least 30 days prior to the original filing due date. For example, if your report is due by October 31st, this form must be completed and postmarked no later than October 1st (April 1st for all insurance entities). Remittance is due when holder report is submitted.</p>		
Name _____ Title _____		
Phone No. _____ Fax No. _____ Email _____		
Signature _____		
UNCLAIMED PROPERTY USE ONLY		
The Nevada Unclaimed Property office will consider the following criteria in evaluating this request:		
	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Previous Filing History (if filed)	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of Filing	<input type="checkbox"/>	<input type="checkbox"/>
Prior Requests for Extensions (consecutive)	<input type="checkbox"/>	<input type="checkbox"/>
Extension Approved <input type="checkbox"/> Extension Denied <input type="checkbox"/> Report Due on _____		
Reason for denial _____		
_____	_____	_____
Authorized Signature	Title	Date