**INSTRUCTIONS FOR COMPLETING**
**THE PUBLIC DEPOSITORS ANNUAL REPORT**

Please use the following instructions when completing the annual report form to ensure correct information is being supplied. If you have any further questions concerning this report form, please contact the Treasury staff at (601) 359-2172. Written inquiries may be faxed to (601) 359-2001 or sent via e-mail to collateral@treasury.ms.gov.

**DUE DATE: No later than thirty (30) days following your fiscal year end.**

## SCHEDULE A – GENERAL INFORMATION

1. **Report of Fiscal Year Ending** is the fiscal year that this report covers.
2. **Date Report Submitted** is the date you return your form to the State Treasurer**.**
3. **Public Entity Name** is the official name of your office.
4. **Political Subdivision Type -** example; city, county, school district, utility district, community health agency, library, hospital, etc
5. **Address of Principal Offices** is your primary business address.
6. **Telephone Number** is your primary business telephone number.
7. **Fax Number** is your primary fax telephone number.
8. **Contact Person** is the person the State Treasurer may contact.
9. **E-Mail Address** is the email address of the person listed as the contact person.

## SCHEDULE B – PUBLIC DEPOSITS HELD

Please provide detailed information, as requested, per bank on any accounts that you may use for public funds.

A. **Account Name** is the name by which the account is listed.
B. **Account Number** is the number assigned by the bank to this account.
C. **Federal Tax Identification Number** is the tax identifying number you have been assigned for this account.
D. **Type of Account** is the category this account falls within. The categories are Demand (D), Time (savings accounts and all other interesting bearing accounts) (T), and Certificate of Deposit (CD).
E. **Account Balance** is the balance of the account as of fiscal year end.

## SCHEDULE C – CERTIFICATION

The public depositors' annual report MUST be signed by the individual authorized to act on behalf of the public entity and the person preparing the report. The authorized depositor and the person preparing the report can be the same person. The signature, a printed or typed name, official title and the date executed should be completed as required. The annual public depositor report form will not be considered complete until this section has been completed in its entirety. Please **submit** the completed form to the following address: **Office of the State Treasurer, Attn: Collateral Division, P. O. Box 138, Jackson, MS 39205.**

Lynn Fitch
STATE TREASURER

# PUBLIC DEPOSITOR ANNUAL REPORT

As required by Miss. Code Ann. §27-105-5 (6) (b), every public depositor is required to notify the State Treasurer's office no later than thirty (30) days following its fiscal year end of its name, address, tax identification number and listing of deposit accounts.

## SCHEDULE A –GENERAL INFORMATION

1. Report of Fiscal Year Ending: _____ 2. Date Report Submitted _____

3. Public Entity Name: _____

4. Political Subdivision Type: _____

5. Address of Principal Offices: _____

6. Contact Person: _____

7. Telephone Number: _____ 8. Fax Number: _____

9. E-Mail Address: _____

## SCHEDULE B – PUBLIC ACCOUNTS

1. Please attach a listing or describe below **all public accounts** being used by depositor/depositors for public funds. Please attach one form per depositor.

**Bank**: _____

| a. Account Name | b. Account # | c. Federal Tax ID | d. Type of account (Demand/Time etc) | e. Account Balance |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**SCHEDULE C – CERTIFICATION**

"I herby certify that I have read the foregoing facts and the attachments provided and that they are true".

Authorized Depositor and person preparing the report can be the same person.

| *Authorized Depositor* | *Person Preparing Report* |
|---|---|
| Signature: _____ | Signature: _____ |
| Name: _____ | Name: _____ |
| Title: _____ | Title: _____ |
| Date: _____ | Date: _____ |