



STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
OFFICE OF UNCLAIMED FUNDS

EXTENSION REQUEST

Complete this form to request an extension of time to file a full and complete abandoned property report or affidavit required by the New York State Abandoned Property Law (APL). Submit the completed form **AT LEAST 30 DAYS PRIOR TO THE DUE DATE** to the Office of Unclaimed Funds, Reports Processing Unit, 110 State Street, Albany, NY 12236; or by email to NYSRPU@osc.ny.gov.

Check the activities that you are requesting an extension of time to complete:

Compliance Report	<input type="checkbox"/>	Proof of Publication Affidavit	<input type="checkbox"/>
Due Diligence	<input type="checkbox"/>	Final Report	<input type="checkbox"/>
Additional Time Requested:			
30 days	<input type="checkbox"/>	60 days	<input type="checkbox"/>
(only available to Voluntary Compliance Program enrollees)			
			90 days <input type="checkbox"/>

Check the reason(s) for your request or provide an explanation if the reason is not listed:

System Problems	<input type="checkbox"/>	New System Transfer Agent	<input type="checkbox"/>
Transfer Agent Change	<input type="checkbox"/>	Personnel Changes	<input type="checkbox"/>
Other reason (explain):			

Provide your contact information:

Reporting Organization Name & Address		Federal Employer ID No.	
Contact Name		Telephone	
Contact Title		Fax	
Contact Email			
Contact Signature		Date	

If granted, pay 75% of either the report's expected value or the previous year's report value by the original report due date as mandated by the APL.

You must file a full and complete report, including any required affidavits, no later than the extended filing date to avoid penalties pursuant to APL § 1412(1) and the applicable regulations. In addition, to avoid late interest pursuant to APL § 1412(2), you must pay sums and/or deliver property no later than the extended filing date.

Direct any questions to the Office of Unclaimed Funds, Reports Processing Unit at NYSRPU@osc.ny.gov.

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EXTENSION APPROVED EXTENSION DENIED EXTENDED REPORT DUE DATE _____

Approved/Denied by: _____ Date: _____