

Unclaimed Property Claim Form & Checklist

- Claims can be submitted online via [Maryland OneStop](#).
- For offline completion, please complete all parts below and submit via [email](#).
- In the event additional information is required, our office will contact you directly.
- All claim services provided by the state Comptroller's Office are free.

Part A – Claimant Information

Applications that fail to provide an appropriate claim number may be delayed.

Claim Number Social Security or FEIN Number

Name of Claimant(s) or Business Name

Current Mailing Address

City, State, Zip Code

Phone Number Email Address

Part B – Documentation Checklist

All claimants must establish entitlement to the property sought by providing proof of ownership to the funds. Verification of ownership typically involves either address or social security confirmation, though certain situations may require addition verification methods.

Required Documentation:

Please ensure all documentation is legible.

<p>Government-issued ID Please ensure the name on the document matches the name provided in Part A.</p>	<p>Copy of your driver's license Copy of your state-issued ID card Copy of your passport Copy of your military ID Other</p>
<p>SSN or FEIN Documentation Please ensure the documentation contains the <u>entire</u> SSN or FEIN.</p>	<p>Copy of your social security card Copy of your W2, 1099, tax return Copy of SS4 Letter for estates Other</p>
<p>For business or organization Claims for businesses or organizations require a W-9 attachment.</p>	<p>Copy of updated W-9</p>

Email: unclaim@marylandtaxes.gov
Phone: 410-767-1700 or 1-800-782-7383

Additional Documentation To Support The Request:

Provide information such as proof of address, ownership, or proof of authorization to claim the funds. Please provide legible copies of all documentation unless originals are specifically requested by the Unclaimed Property Division.

Submitting Claim For:

Individual

Provide documents confirming you as owner to the property (i.e. bank statement, cancelled check, insurance policy, stock certificate, uncashed wages). If it is a cashier’s check, money order, or check provide the original or true test copy.

Documents Provided:

Joint accounts or multiple owners

If it is a joint account, both owners must sign the claim form, as well as submit copies of photo ID and proof of SSN. If one owner is deceased, or in the case of divorce or any other change associated with the account, please provide supporting documents (i.e. divorce documents, death certificate).

Documents Provided:

On behalf of another person

You can submit claims as a parent, custodian, conservator, trustee, guardian, power of attorney (POA), or legal representative on behalf of another person. Provide a copy of the owner’s ID (i.e. birth certificate of minor, SSN card, government issued ID) along with documents showing you have the authority to act on the original owner’s behalf. If claiming on behalf of a trust please provide a copy of the complete trust agreement.

Documents Provided:

For deceased owner or estate

Total: \$

If there is a court-appointed estate representative, that person can submit a claim. If there is not a representative or the estate is closed, claims can be filed by the surviving spouse, or non-blood relative appointed by the court. (i.e. lawyer, banking institution). Attach a copy of the owner’s death certificate and relevant documents (i.e. letters of administration, small estate papers, true test copy of court order).

Documents Provided:

For business or organization

Have the form signed by two officers of the organization, provide copies of IDs, and proof of authorization. Provide non-redacted relevant documents (i.e. name change, affiliation, merger, acquisition, proof of organization, closed, dissolved, or sold).

Documents Provided:

Part C – Affidavit

Under penalties of perjury, I (we) hereby certify that the foregoing information is true and correct. I (we) further certify that I (we) have not received any property claimed, are entitled to it, and know of no other person who claims to be entitled to any portion. I (we) agree to indemnify the state of Maryland and its officers and employees for any loss of claim whatsoever resulting from the payment of this claim to me (us).

X _____
Signature of claimant

X _____
Signature of co-claimant