Print Form

Form 10PN003

Rev. 12/12

DELBERT HOSEMANN
Secretary of State

ANNUAL TRUSTEE REPORT FORM

Mail to: Post Office Box 136, Jackson, MS 39205-0136
Phone: 601-359-9055; Fax: 601-576-2546
Website: www.sos.ms.gov

THIS REPORT IS FOR:

☐ **PRENEED FUNERAL/CEMETERY SERVICES & MERCHANDISE TRUST**

☐ **PERPETUAL CARE CEMETERY TRUST**

NOTE: This report is due no later than **March 31st** of each year and must be filed with the Secretary of State. You are reporting on the prior ending calendar year, January 1, 20____ - December 31, 20____. **Please note, the last step for completing this form is the inclusion of a copy of the year end trust activity statement of the fund as of December 31st.**

A. Secretary of State Registration Number for the business for which you are reporting. Obtain this information from the funeral home or cemetery.

B. Name and location of funeral home or cemetery from which funds were received for trust. If paper or ".pdf" submission is made, attach additional pages, if necessary.

NAME | PHONE NUMBER

PHYSICAL LOCATION ADDRESS | CITY | STATE | ZIP CODE

C. Name and address of trust officer submitting this report:

NAME | PHONE NUMBER

TITLE AND INSTITUTION, IF APPLICABLE

PHYSICAL LOCATION ADDRESS | CITY | STATE | ZIP CODE

Email Address of Trust Officer:

D. Date of trust agreement with provider: _____

E. Statement of Changes in Trust Balance:

1. **Beginning** Balance on January 1 $_____
2. **Ending** Balance on December 31 $_____
3. Received from provider: $_____
4. Trust Earnings realized this year
   (interest, dividends, capital gains/losses, etc.) $_____
5. Tax Paid by Fund in Calendar Year $_____
6. Management Fees Paid From Trust $_____

F. FOR PERPETUAL CARE TRUSTEES ONLY

Investment Income/Interest Withdrawn from Trust in prior year $_____

G. FOR PRENEED TRUSTEES ONLY

Total Death Claims Paid to Provider in prior calendar year $_____

H. I have enclosed with this report a copy of the trust fund financial activity statement that verifies the balance for the amount reported on December 31st.

CERTIFICATION OF TRUSTEE

STATE OF _____

COUNTY OF _____

I, _____, (Print Name) of _____ (Company/Firm) trust officer for the Reporting Fund, being first duly sworn, do hereby state that the information contained in this annual report and all related schedules are true and correct to the best of my knowledge and belief.

_____
TRUSTEE'S SIGNATURE

Sworn to and subscribed before me this the ___ day of_____, 20___.

_____ _____
COMMISSION EXPIRES Notary Public