



MASTER TRUSTEE ANNUAL REPORT AND REGISTRATION RENEWAL
 ORS Chapter 97; OAR 441-930

Reporting period: Jan. 1 to Dec. 31 **For calendar year:** _____

Due date: April 1 **Fee:** \$390

Business name: _____

ABN (if applicable): _____

Business address: _____

City, State, ZIP: _____

Business phone: _____ Business fax: _____

Business email: _____ Contact name: _____

Mailing address, if different from above: _____

City, State, ZIP: _____

1.	Beginning balance of trust on Jan. 1 (ending market value of previous report)	\$	_____
2.	Deposits made in reporting year	\$	_____
3.	Interest/dividends/gains/losses	\$	_____
4.	Trustee, accounting, depository, and investment fees (limited to 2% of Line 1).....	\$ (_____)
5.	Taxes paid for the benefit of contract beneficiaries	\$ (_____)
6.	Withdrawals	\$ (_____)
7.	Ending balance on Dec. 31 reporting year (market value).....	\$	_____

Provide the following with your annual report:

- Payment of annual fee
- Alphabetical list of legal names and location of each certified provider, certified provider number, total number of unfulfilled contracts, and the total amount of trust funds on deposit for each.

Signature: _____ Title: _____

Type or print name: _____ Date: _____

Phone: _____

Secure fax for credit card payments:
503-947-2333

If paying by credit card, applicant must sign credit card information box.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
_____	\$ _____
Cardholder signature	Amount

Name of cardholder as shown on credit card	

Credit card number	Expiration date
_____	_____

Make check or money order payable to the Department of Consumer and Business Services. Mail application with

payment to: DCBS – Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

Fiscal use only: 12104/0600