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

Reporting period: Jan. 1 to Dec. 31

Due date: April 1

Fee: $390

Business name:

ABN (if applicable):

Business address:

City, state, ZIP:

Business phone: Business fax:

Business e-mail: 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.

☐ Visa ☐ MasterCard ☐ Discover Phone: Phone:

Credit card number Expiration date

Name of cardholder as shown on credit card

Cardholder signature $ Amount

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: 61260/1008