

Winfree, Ruff & Associates, Ltd.
692 Hill Road N
Pickerington, OH 43147

Client Name: _____

Federal Identification Number: _____

Contact Person & Title: _____

2008 Ohio Unclaimed Funds Questionnaire [as of June 20, 2008]:

	(Dormancy Period) (In Years)	Yes	No
Unclaimed Wages (payroll & salary checks) Amount \$ _____	(1)	()	()
Unclaimed Commissions Amount \$ _____	(1)	()	()
Worker's Compensation Benefits Amount \$ _____	(1)	()	()
Accounts Receivable Credit Balances or Memos Amount \$ _____	(3)	()	()
Credit Refund Checks Amount \$ _____	(3)	()	()
Refund and Rebate Checks Amount \$ _____	(3)	()	()
Expense (Reimbursement) Checks Amount \$ _____	(5)	()	()
401K (Pension) Accounts of Former Employees with Bad Addresses Amount \$ _____	(3)	()	()
Escrow Accounts (rental deposits) Amount \$ _____	(1)	()	()
Other: _____			\$ _____
None		()	()

(____) I request Winfree, Ruff & Associates, prepare my Annual Unclaimed Funds Report.

Signature

Date

Please return this completed document to our office by fax (614) 837-5144 by October 1, 2008. Thank you!