

**Kansas Secretary of State, Audit Manager:**

Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue audit@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

**Instructions are for your use only. Do not submit with reports.**

This form must be filled out after every quarter for **each** permanent maintenance trust account.

Use one form per account.

**Include the quarterly bank statement for each account.**

1. <b>Trustee</b>	Trustee = the person or financial institution listed as trustee on Cemetery Permanent Maintenance Trust Fund Agreement Provisions Attachment (form PMF).
2. <b>Trustee address</b>	Trustee Address = mailing address of trustee or cemetery, if cemetery serves as trustee per K.S.A. 17-1312 (a).
3. <b>Account name</b>	Account name = name of permanent maintenance trust fund. Include name of cemetery.
4. <b>Account number</b>	Account number <b>must</b> be listed
5. <b>Quarter/Year</b>	<p>K.S.A. 17-1312a (b)</p> <p>1st quarter = Jan, Feb, Mar report due by Apr 30</p> <p>2nd quarter = Apr, May, June report due by Jul 30</p> <p>3rd quarter = July, Aug, Sept report due by Oct 30</p> <p>4th quarter = Oct, Nov, Dec report due by Jan 30</p>
6. <b>Deposit and withdrawal information</b>	<p>K.S.A. 17-1312a</p> <p>a. Total deposits to principal = all deposits made to fund for that quarter</p> <p>b. Total withdrawals from principal</p> <ul style="list-style-type: none"> <li>• Funds may be withdrawn from principal only with written permission from the Secretary of State's office</li> </ul> <p>c. Total interest = all interest earned by the fund that quarter</p> <p>d. Total dividends = all dividends earned by the fund that quarter</p> <p>e. Total income = interest + dividends + any other income earned that quarter</p>
7. <b>Fill out completely</b>	Please fill in all fields of form.

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THIS SPACE FOR OFFICE USE ONLY.

**Directions:** Within 30 days following the end of each quarter, the trustee shall submit a quarterly report to the Office of the Secretary of State. The report shall be in a form and manner prescribed by the Secretary of State. Attach this form to Trustee's quarterly or monthly statements with line item detail. If the fund has less than \$100,000 and the cemetery has chosen to keep the fund in a CD or savings account, the Trustor will fill out this form and attach it to the quarterly, or monthly, reports supplied by the Kansas financial institution. Remit to the address listed above.

<b>1. Trustee</b>			
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<b>2. Trustee Address</b>	Address		Phone
	City	State	Zip

<b>3. Account name</b> <small>(include cemetery name)</small>			
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<b>4. Account number</b>		<b>5. Quarter/Year</b>	
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<b>6. Deposit and withdrawal information</b>	<b>a. Total Deposits to Principal</b>	\$		<b>e. Total Income</b>	\$	
	<b>b. Total Withdrawals from Principal</b>	\$		<b>f. Capital Gains (or Losses)</b>	\$	
	<b>c. Total Interest</b>	\$		<b>g. Capital Gains Tax Paid</b>	\$	
	<b>d. Total Dividends</b>	\$		<b>h. Interest Withdrawn</b>	\$	

<b>7. I do hereby certify under penalty of perjury and pursuant to the laws of the state of Kansas that the information contained in this report and supplied in any attachments thereto is true and correct.</b>						
Printed Name of Trustee (or Trustor)			Title		Email	
Signature of Trustee (or Trustor)				Month	Day	Year
X						

