Reset Form Print Form

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Department of Professional and Occupational Regulation

**Cemetery Board**

# PERPETUAL CARE TRUST FUND FINANCIAL REPORT - SCHEDULE B - TOTAL RETURN DISTRIBUTION

**Statement of Required Deposits Include all deposits for receipts received during the reporting period (cash or accrual).**

Cemetery Company Name _____

Enter the company name as it appears on the license.

Virginia Cemetery Company License Number | | | | | | | | | | | Expiration Date _____

| | Month and Year | Column A Monthly Receipts Subject to Deposit Requirement | Column B Required Deposit | Column C Amount Deposited | Column D Date of Deposit |
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| | Total (add entries in each column) | | | | |
| | Last Month of Filing Period (cash basis filers only) | | | | |

☛ ***The total of Column B, Line 13 must agree with Schedule A, Line 2.***

As of the beginning of the fiscal year covered by this report, has your company recovered all of its original perpetual care trust fund deposits under § 54.1-2321 of the *Code of Virginia*?

Yes ☐

No ☐ If no, enter the amount of recoveries claimed during the fiscal year covered by this report: _____

Also enter the amount of the trust that has not been recovered as of the end of the fiscal year: _____