

Cemetery Board
PERPETUAL CARE TRUST FUND FINANCIAL REPORT - SCHEDULE B
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

4	9	0	1						
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 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
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13	Total (add entries in each column)				
14	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: _____