



 Name

 Address

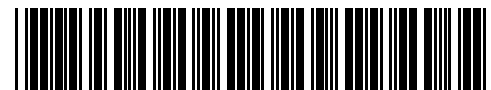
 City State Zip

WV/CEM-4 PRENEED CEMETERY COMPANY ANNUAL REPORT
 REV02-19

Account #	PERIOD STARTING MMDDYYYY	PERIOD ENDING MMDDYYYY	FISCAL YEAR END	DUE DATE MMDDYYYY
A separate report must be completed for each trust account. Make a photocopy of this return for additional trust accounts. If more space is needed for any items on this report, use mytaxes.wvtax.gov				
1. TRUST ACCOUNT NAME				
ADDRESS		CITY	STATE	ZIP
2. COMPLIANCE AGENT NAME				
ADDRESS		CITY	STATE	ZIP
3. TRUSTEE NAME				
ADDRESS		CITY	STATE	ZIP
TELEPHONE NUMBER	4. TOTAL AMOUNT OF PRINCIPAL IN PRENEED TRUST ACCOUNT			
5. LIST SECURITIES IN WHICH TRUST ACCOUNT IS INVESTED:				
SECURITY NAME		AMOUNT INVESTED	WHEN INVESTED MMDDYYYY	

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT
 Tax Account Administration Div
 P.O. Box 2666
 Charleston, WV 25330-2666

FOR ASSISTANCE CALL (304) 558-3333 TOLL FREE (800) 982-8297
 For more information visit our web site at: www.tax.wv.gov
 File online at <https://mytaxes.wvtax.gov>



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ACCOUNT #	
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6. INCOME RECEIVED FROM TRUST DURING PRECEDING FISCAL YEAR: INCOME SOURCE	AMOUNT
	.
	.
	.
	.
	.
Total income received	.

COMPLETE THE FOLLOWING FOR PERIOD COVERED ON FRONT OF THE RETURN

7 TOTAL SALES OF CEMETERY MERCHANDISE AND PRENEED SERVICES SOLD DURING THE PERIOD INCLUDING BOTH MERCHANDISE SOLD UNDER CEMETERY PRENEED CONTRACTS AND NOT SOLD UNDER CEMETERY CONTRACTS	7	.
BREAK DOWN AMOUNT SHOWN ON LINE 7 INTO THE FOLLOWING AMOUNTS		
7a. AMOUNT SOLD UNDER PRENEED CEMETERY CONTRACTS FOR WHICH 40% OF THE FUNDS HAVE BEEN DEPOSITED INTO A TRUST ACCOUNT	7a	.
7b. AMOUNT SOLD AND PHYSICALLY DELIVERED WITHIN 120 DAYS	7b	.
7c. AMOUNT SOLD WHERE SELLER PURCHASES THE MERCHANDISE AND STORES IT AT THE CEMETERY WHERE IT IS INTENDED TO BE USED	7c	.
7d. AMOUNT SOLD WHERE THE SELLER HAS PAID THE SUPPLIER OF SUCH GOODS AND THE SUPPLIER HAS CAUSED MERCHANDISE TO BE MANUFACTURED AND STORED, AND HAS CAUSED TITLE TO BE TRANSFERRED TO THE BUYER OR OTHER CONTRACT BENEFICIARY AND HAS AGREED TO SHIP SUCH MERCHANDISE UPON HIS OR HER REQUEST. ATTACH COPIES OF ALL PURCHASE ORDERS OF MERCHANDISE SOLE WHERE THE MERCHANDISE HAS NOT BEEN DELIVERED TO THE BUYER OR 40% OF THE FUNDS RECEIVED HAVE NOT BEEN DEPOSITED IN A TRUST ACCOUNT.	7d	.
8 TOTAL RECEIPTS REQUIRED TO BE DEPOSITED IN TRUST ACCOUNT (40% OF LINE 7A)	8	.
9 TOTAL RECEIPTS DEPOSITED IN TRUST ACCOUNT (ATTACH PROOF OF TRUST ACCOUNT BALANCE WITHIN LAST WEEK)	9	.
10 TOTAL REQUIRED PRENEED CEMETERY COMPANY CONTRACTS EXPENSES PAID	10	.
11 TOTAL EXPENSES PAID FROM PRENEED TRUST ACCOUNT	11	.
12 IS THE TRUSTEE OTHER THAN A BANK SAVINGS AND LOAN OR OTHER FEDERALLY INSURED BANKING INSTITUTION?		
<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, you must provide proof that a fidelity bond from a corporate surety licensed to do business in West Virginia and payable to this trust has been issued in the greater of the following amounts: <ul style="list-style-type: none"> <input type="checkbox"/> \$100,000 OR <input type="checkbox"/> NOT LESS THAN 100% OF THE VALUE OF THE TRUST ESTATE PRINCIPAL AT THE BEGINNING OF THE CALENDAR YEAR 		



0 5 2 2 0 1 9 0 2 W

ACCOUNT #	
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13 CERTIFICATION OF COMPLIANCE AGENT

I certify that for the specified reporting period this trust account is in compliance with all applicable provisions of Article 5B, Chapter 35 of the Code of West Virginia of 1931, as amended, and of Series 36, Title 110 of the West Virginia Code of State Rules.

<p>SIGNATURE OF COMPLIANCE AGENT</p> <p>TAKEN; SUBSCRIBED, ACKNOWLEDGED AND SWORN TO BEFORE ME ON THIS DATE: _____</p> <p>MY COMMISSION EXPIRES ON: _____</p> <p>NOTARY PUBLIC</p>	<p>(NOTARY SEAL)</p>
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14 CERTIFICATION OF CERTIFIED PUBLIC ACCOUNTANT

I have audited this trust account and certify that according to all information provided to me in the course of completing the audit, at least 40% of the cash receipts from the sales of preneed property, goods and services which was not anticipated to be delivered or performed with 120 days after receipts of the initial payment on account has been deposited in the account within 30 days after the close of the month in which such payments were received, all as required by West Virginia Code 35-5B-10.

<p>SIGNATURE OF CERTIFIED PUBLIC ACCOUNTANT</p> <p>TAKEN; SUBSCRIBED, ACKNOWLEDGED AND SWORN TO BEFORE ME ON THIS DATE: _____</p> <p>MY COMMISSION EXPIRES ON: _____</p> <p>NOTARY PUBLIC</p>	<p>TYPED/PRINTED NAME</p> <p>CERTIFIED PUBLIC ACCOUNTANT ADDRESS</p> <p>(NOTARY SEAL)</p>
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15 AFFIRMATION FOR CORPORATION, SOLE PROPRIETORSHIP, OR PARTNERSHIP

I (we) do hereby certify that this Annual Report contains a true and accurate accounting and that all information requested has been provided in complete and accurate detail, all as required by Article 5B, Chapter 35 of the Code of West Virginia of 1931, as amended, and the regulations promulgated pursuant to such Act and the terms of this reporting form.

Corporate Seal, if applicable

<p>TAKEN; SUBSCRIBED, ACKNOWLEDGED AND SWORN TO BEFORE ME ON THIS DATE: _____</p> <p>MY COMMISSION EXPIRES ON: _____</p> <p>NOTARY PUBLIC</p>	<p>SIGNATURE</p> <p>TITLE</p> <p>SIGNATURE</p> <p>TITLE</p> <p>(NOTARY SEAL)</p>
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