



REPORT OF COMMON TRUST FUND INVESTMENTS

For the period ending:

This form is due **March 1st (Calendar Year) or September 1st (Fiscal Year)**

Instructions

Cover Page

- Select the Municipality name from the pull down menu
- Enter the entities contact information
- Enter the preparer's information

Reporting:

- Please complete all fields as necessary for the *Report of the Common Trust Funds Investments, For the Year Ending, and Principal Only* sections

For Assistance Please Contact:

NH DRA Municipal and Property Division
 Phone: (603) 230-5090
 Fax: (603) 230-5947
<http://www.revenue.nh.gov/mun-prop/>

A hard copy of this form, as well as the signature page, must be sent to:

Department of Justice
 Office of the Attorney General
 33 Capitol Street
 Concord, NH 03301-6397

ENTITY'S INFORMATION

Municipality: County:

PREPARER'S INFORMATION

First Name Last Name

Street No. Street Name Phone Number

Email (optional)



Report of The Common Trust Funds Investments For the Period Ending

	Trust Fund 1	Trust Fund 2	Trust Fund 3	Trust Fund 4	Trust Fund 5
How Invested					
# of Shares or Other Units					
(Names of Banks, Stocks, Bonds, etc.)					
Put * by any de-listed securities held pursuant to RSA 31:25-a & explain.					
Explanation for de-listed securities held pursuant to RSA 31:25-a					
PRINCIPAL					
Balance Beginning of Year					
Purchases					
Cash Capital Gains					
Proceeds from Sales					
Gains/Losses from Sales					
Balance End of Year					
INCOME					
Balance Beginning of Year					
Income During Year					
Expended During Year					
Balance at End of Year					
Grand Total Principal & Income End of Year					



Principal Only for the Period Ending

Fund No.	Beginning of Year Fair Value	Unrealized Annual Gains	End of Year Fair Value
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fees and Expenses paid for Professional Banking and/or Brokerage Assistance (RSA 31:38-a, IV) for the Period Ending

	Entity 1	Entity 2	Entity 3	Entity 4
Name of Bank, Brokerage Firm, or Investment Adviser	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fees Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expenses Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



1. CERTIFY THIS FORM

Under penalties of perjury, I declare that I have examined the information contained in this form and to the best of my belief it is true, correct and complete.

Preparer's First Name

Preparer's Last Name

Date

2. SAVE AND EMAIL THIS FORM

Please save and e-mail the completed PDF form to your Municipal Services Advisor.

3. PRINT, SIGN, AND UPLOAD THIS FORM

This completed PDF form must be PRINTED, SIGNED, SCANNED, and UPLOADED onto the Municipal Tax Rate Setting Portal (MTRSP) at <http://proptax.org/nh/>. If you have any questions, please contact your Municipal Services Advisor.

TRUSTEE CERTIFICATION

Under penalties of perjury, I declare that I have examined the information contained in this form and to the best of my belief it is true, correct and complete.

 Trustee of Trust Funds Signature

 Trustee of Trust Funds Signature

 Trustee of Trust Funds Signature

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Per RSA 31:38, copies of this report must also be provided to the governing body of the municipality and to the Attorney General at the following address:

**Department of Justice
 Office of the Attorney General
 33 Capitol Street
 Concord, NH 03301-6397**