



Cemetery Board
PRENEED 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.*