

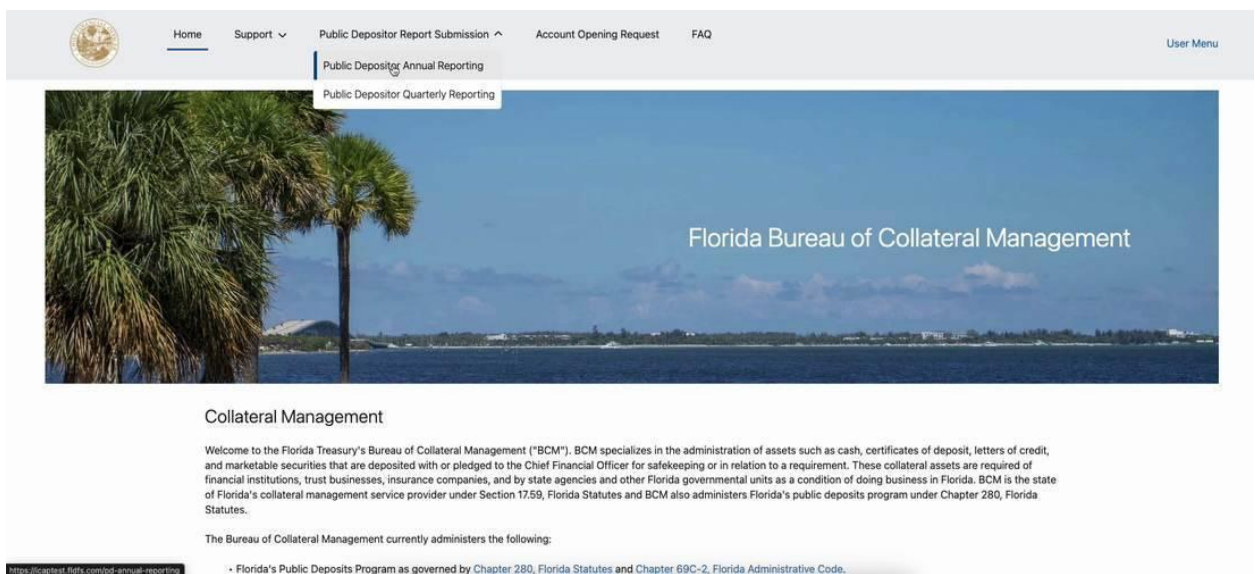
# Quickstart: Submit a PD Annual Report

Step-by-step guide with screenshots

2025-08-14 19:42


## Step 1

Go to the PD Reports section from the main menu.




## Step 2

Enter the report year and FEIN



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**DEPARTMENT OF FINANCIAL SERVICES**  
 Division of Treasury - Bureau of Collateral Management  
**PUBLIC DEPOSITOR ANNUAL REPORT**

Department of Financial Services  
 Division of Treasury  
 Bureau of Collateral Management  
 200 East Gaines Street  
 Tallahassee FL 32399-0345

Reporting Period
 

Reporting Year
 


2025

Public Depositor Account Identification
 

To continue with the Public Depositor Annual Report, please enter your Federal Employer Identification Number (FEIN) in the input fields below. This number is required to verify your identity and proceed with the submission process.


Federal Employer Identification Number (FEIN)

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 Florida Department of Financial Services

## Step 3

Fill out required form fields (marked with \*).



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 Tallahassee FL 32399-0345

Public Depositor Additional Information
 

Account Legal Name
 

Stack Test

Mailing Address
 

Country
 

United States

Street
 

2000 test dr

City
 

beachwood

State/Province
 

OHid

Zip/Postal Code

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## Step 4

Review auto-filled data and make corrections if needed.

Public Depositor (PD) Information

PD Full Legal Name: **Stack Test**

PD Mailing Address: **2000 test dr, beachwood, Ohio 123131, United States**

PD Federal Employer Identification Number (FEIN): **1817181**

Part II - Public Depositor Account(s) Data

Included with this Annual Report is an electronic file (compatible with Excel version 6.2.7 or later), listing each qualified public depository (QPD) in which the above public depositor has an account, including accounts with zero balances. The electronic file must include: QPD name and QPD FEIN.

Part III - Verification

By signing in Part IV below, I **ASSERT** that the above PD is an official custodian of moneys that meet the definition of a public deposit as defined in Chapter 280, Florida Statutes and that such moneys are placed in Qualified Public Depositories (QPDs) unless exempt under the laws of this state. I acknowledge the PD's responsibility for any research or defense required to support such assertion.

By signing in Part IV below, I **VERIFY** that the above PD has:

(1) Performed an annual confirmation of all open public deposit accounts as of the close of business on September 30 for each QPD. All discrepancies found in the confirmation process were reconciled before November 30. Information confirmed included the following:

- FEIN of the QPD.
- Name on the deposit account record.
- FEIN on the deposit account record.
- Account number.
- Account type.
- Actual account balance on deposit.

(2) Confirmed that a current Public Deposit Identification and Acknowledgment Form has been completed for each public deposit account and is in our possession.

(3) Included as part of this Form, the required Public Depositor Account(s) Data in the format described in Part II.

Part IV - Certification

☐ I certify that I have read the foregoing annual report and that the facts stated in it are true to the best of my knowledge and belief.

☐ I am authorized to sign on behalf of the foregoing PD.

Part III - Verification

By signing in Part IV below, I **ASSERT** that the above PD is an official custodian of moneys that meet the definition of a public deposit as defined in Chapter 280, Florida Statutes and that such moneys are placed in Qualified Public Depositories (QPDs) unless exempt under the laws of this state. I acknowledge the PD's responsibility for any research or defense required to support such assertion.

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Part IV - Certification

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☐ I am authorized to sign on behalf of the foregoing PD.

Printed Name

Title

Date

Aug 14, 2025

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- a. FEIN of the QPD.
  - b. Name on the deposit account record.
  - c. FEIN on the deposit account record.
  - d. Account number.
  - e. Account type.
  - f. Actual account balance on deposit.
- (2) Confirmed that a current Public Deposit Identification and Acknowledgment Form has been completed for each public deposit account and is in our possession.
- (3) Included as part of this Form, the required Public Depositor Account(s) Data in the format described in Part II.

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Printed Name

stack td

Title

Date


Aug 14, 2025


Public Depositor Annual Report  
DFS-J1-1009, effective 12/24  
Rule 69C-2.022, F.A.C.

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## Step 5

Continue completing fields and options as shown, then proceed.

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**Instructions:** Please upload a file compatible with Excel version 6.2.7 or later. The uploaded file must list each Qualified Public Depository (QPD) in which the public depositor holds an account, including accounts with zero balances. The file must include the QPD name and the QPD FEIN.

**Business Type:** Public Depositor

Select File Type


Select an Option

\*Upload File

[Upload Files](#) Or drop files

Need help? [Download a Sample File](#)

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 Florida Department of Financial Services

## Step 6

Success screen shown



## Step 7

Ability to Print Success screen

