



BURIAL SERVICES SECTION
 DAVY CROCKETT TOWER
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TENNESSEE 37243-1145
 PHONE (615) 741-5062 FAX (615) 532-1903
 Website: <http://funeral.tn.gov>

CEMETERY REGISTRATION NUMBER: _____ (Required) REVISED REPORT: (Check if applicable)

**TRUSTEE'S ANNUAL REPORT ON CEMETERY COMPANY'S
 MERCHANDISE AND SERVICES TRUST FUND**

Note: This report must be completed and received no later than seventy-five (75) days after the close of each FISCAL YEAR of the cemetery company. File this report with Burial Services by mail to the address above or email to funeral.cemetery.board@tn.gov. Incomplete reports will not be accepted but returned to the trustee for completion.

For the fiscal year beginning _____, 20__ and ending _____, 20__

1. GENERAL INFORMATION

1. Name and address of cemetery: _____

2. Name and address of company which owns this cemetery: _____

3. Name and address of trustee of merchandise and services fund: _____

4. Trust identification (style and number): _____
5. Contact person regarding this report: _____ Phone No.: _____
6. Email address of contact person: _____

2. STATEMENT OF CHANGES IN TRUST FUND (Based on Cost)

1. Beginning balance	\$ _____
2. Additions:	
a. Payments received from cemetery company (Section 3)	\$ _____
b. Other (explain using a separate sheet)	\$ _____
3. Investment Earnings	\$ _____
4. Deductions:	
a. Distributions to cemetery company for delivered/cancelled M&S	\$ _____
b. Withdrawal pursuant to "120% Rule"	\$ _____
c. Other (explain using a separate sheet)	\$ _____
5. Ending balance	\$ _____

3. MEMORANDA FOR RECONCILIATION

List all deposits to the merchandise and services trust fund received from the cemetery during this fiscal year. Use a separate sheet if necessary.

DATE / AMOUNT	DATE / AMOUNT	DATE / AMOUNT	DATE / AMOUNT

4. ASSETS OF TRUST FUND AT END OF REPORTING PERIOD

	COST	MARKET
1. Cash & equivalents	\$ _____	\$ _____
2. Equities	\$ _____	\$ _____
3. Fixed income	\$ _____	\$ _____
4. Real estate	\$ _____	\$ _____
5. Loans:		
a. Mortgages	\$ _____	\$ _____
b. Other (explain) _____	\$ _____	\$ _____
6. Other (explain) _____	\$ _____	\$ _____
7. Total	\$ _____	\$ _____

5. TRUSTEE'S CERTIFICATION

STATE OF _____

COUNTY OF _____

I, _____, _____ of _____
 (Name) (Title) (Trustee)

_____ serving as trustee of the merchandise and services trust fund above named and described, being first duly sworn, do hereby affirm, under penalty of perjury, that the information contained in and submitted with this report is complete, true and accurate.

X _____
 (Trustee's Signature)

(NOTARY SEAL)

Sworn to and subscribed before me this _____ day of _____, 20____.

My Commission Expires: _____ Notary's Signature: _____