



Cemetery Board  
**PERPETUAL CARE 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.**

As of the beginning of the fiscal year covered by this report, has your company recovered all of its original perpetual care trust fund deposits under § 54.1-2321 of the *Code of Virginia*?

Yes

No  If no, enter the amount of recoveries claimed during the fiscal year covered by this report: \_\_\_\_\_

Also enter the amount of the trust that has not been recovered as of the end of the fiscal year: \_\_\_\_\_