

COMMONWEALTH OF VIRGINIA
Department of Accounts
General Accounting
P.O. Box 1971
Richmond, VA 23218-1971
FAX: (804) 225-4250

Confirmation of Locality Reconciliation to CARS Reports

To Local County and City Treasurers:

Reports for the month of _____ (month / year) must be reconciled to your internal records and all necessary corrections must be submitted on the reverse of this form. Please attach copies of documents that support the corrections. **Documents for timing differences are not necessary.**

This form is due to the Department of Accounts, General Accounting on the last business day of the month in which you receive your reports (the month after the date of the report).

David A. Von Moll
Comptroller

City or County _____

FIPS Code _____

To the Comptroller:

Our locality accounting records for the month ended _____ (month/ year) have been verified (reconciled), and when the items shown on the exception register (if any) are processed, our internal records will be in agreement with your records for Taxes and Assessments Receivable. In addition, the information on the ACTR 1623 Deposit Verification Report has been reviewed to determine our compliance with Sections 2.2-806 and 58.1-3168 of the *Code of Virginia* regarding the prompt deposit of state revenues to the State Treasury.

**PLEASE INDICATE IF THERE ARE ANY ITEMS NOTED ON THE EXCEPTION REGISTER
OR
IF ANY ITEMS ARE ADDRESSED IN A SEPARATE ATTACHMENT**

YES NO

Signature: _____

Local Treasurer

Typed Name: _____

Date: _____ Phone Number: (____) _____

COMMONWEALTH OF VIRGINIA
Department of Accounts
Exception Register

- (1) The following entries appeared on the ACTR1643 Report but are not ours. Please delete from our records. **We have attached a copy of the ACTR 1643 Report and the ACTR 1623 Report on which this entry appeared.**

GLA	Revenue Source	Document No.*	Batch Identification	Document Amount

- (2) The following entries were submitted but have not appeared on our ACTR1643 Report. **A copy of the Advice or copy of the Deposit Certificate is attached.**

GLA	Revenue Source	Document No.*	Batch Identification	Document Amount

- (3) The following other corrections need to be made: **(Attached is a copy of the Tax Advice and/or Deposit Certificate with an explanation and a copy of the ACTR 1643 Report and the ACTR 1623 Report.)**

GLA	Revenue Source	Document No.*	Batch Identification	Document Amount

* Indicate "DC" for Deposit Certificate or "TA" for Tax Advice.