



# FEDERAL FIDUCIARY'S ACCOUNT

<b>FROM</b>	NAME AND ADDRESS OF FIDUCIARY	<b>TO</b>	VA FIDUCIARY ACTIVITY
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NAME OF VETERAN (First-Middle-Last)	NAME OF BENEFICIARY (If not veteran)	VA FILE NUMBER <b>C-</b>
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## SECTION I - STATEMENT OF ACCOUNT

**INSTRUCTIONS:** Items 1 through 7 are to be completed by the fiduciary and returned to the VA Fiduciary Activity. Show monthly amount where indicated, in addition to amount for accounting period. Attach a completed Certification of Funds on Deposit, (VA Form 21-4718a) if this accounting shows any funds on deposit.  
**IMPORTANT - SEE PRIVACY ACT INFORMATION ON REVERSE.**

ACCOUNTING PERIOD	
FROM	TO

**IMPORTANT -** The fiduciary should keep receipts and other documentation of expenses because VA may need to examine them during the audit of this accounting.

1. MONEY RECEIVED				4. ASSETS AT END OF PERIOD*				
ITEM	DESCRIPTION			AMOUNT	ITEM	DESCRIPTION		AMOUNT
A	TOTAL ESTATE AT BEGINNING OF PERIOD			\$	A	CASH ON HAND (NOT ON DEPOSIT IN BANK)		\$
B	AMOUNT RECEIVED FROM VA	NO. OF MONTHS	MONTHLY AMT.		B	AMOUNT IN CHECKING ACCOUNT		
		NO. OF MONTHS	MONTHLY AMT.					
C	AMOUNT RECEIVED FROM SOCIAL SECURITY	NO. OF MONTHS	MONTHLY AMT.		C	AMOUNT IN SAVINGS ACCOUNT		
		NO. OF MONTHS	MONTHLY AMT.					
D	INTEREST EARNED ON DEPOSITS				D	TOTAL PURCHASE PRICE OF SAVINGS BONDS LISTED ON REVERSE (Complete reverse for total in this field)		
E	AMOUNT RECEIVED FROM OTHER SOURCES (List in Items 1E thru 1H)					(1) IF PURCHASE PRICE OF SAVINGS BONDS CHANGED FROM THE LAST ACCOUNTING PERIOD, WERE ADDITIONAL BONDS PURCHASED?		
F						<input type="checkbox"/> YES <input type="checkbox"/> NO		
G					(2) WERE SAVINGS BONDS CASHED DURING THE ACCOUNTING PERIOD?			
H					<input type="checkbox"/> YES <input type="checkbox"/> NO			
I	<b>*TOTAL RECEIVED (ADD LINES 1A THRU 1H)</b>			\$	E	OTHER (Specify)		
2. MONEY SPENT				5. TOTAL ASSETS (MUST EQUAL ITEM 3)				
A	ROOM AND BOARD/RENT	NO. OF MONTHS	MONTHLY AMT.				\$	
B	CLOTHING							
C	ENTERTAINMENT							
D	PERSONAL USE	NO. OF MONTHS	MONTHLY AMT.					
E	DEPENDENT(S) SUPPORT	NO. OF MONTHS	MONTHLY AMT.					
F	FIDUCIARY FEE IF APPROVED BY VA							
G	OTHER (Specify)							
H								
I								
J								
K								
L								
M	<b>TOTAL SPENT (ADD LINES 2A THRU 2L)</b>			\$				
3. TOTAL ESTATE AT END OF PERIOD (SUBTRACT 2M FROM 1I)				6. REMARKS (If needed you may continue in "Remarks" section on reverse or, if necessary, attach additional sheets and key responses to item numbers.)				

\* NOTE: Pursuant to my signed Fiduciary Agreement (VA Form 21-4703), this is a complete accounting of all funds I received for the beneficiary.

I CERTIFY THAT this is a true account of the beneficiary's estate for the period stated, to the best of my knowledge and belief.

7. DATE	8. SUBMITTED BY (Signature and title of fiduciary)
9. DATE APPROVED	10. APPROVED BY (Signature and title of VA official)

6. REMARKS (Continued)

**SECTION II - CERTIFICATION OF U.S. SAVINGS BONDS**

LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE	LINE NO.	SERIAL NUMBER	DATE OF PURCHASE	PURCHASE PRICE
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			

**I CERTIFY THAT** the savings bonds listed above are the property of the estate of the beneficiary and are in my custody and control.

SIGNATURE OF FIDUCIARY	DATE
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**PRIVACY ACT INFORMATION:** The information relating to funds derived from Department of Veterans Affairs benefit payments is requested under authority of Title 38, United States Code, chapter 55. The information will be used to ensure the proper administration of the beneficiary's income and estate. Responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 37VA27, VA Supervised Fiduciary and Beneficiary Records - VA, published in the Federal Register. Failure to furnish the requested information may result in the suspension of payments and/or the appointment of a successor fiduciary.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.