STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

TRUST ACCOUNT RECONCILIATION

Check one: ☐ Custodial ☐ Trust Account Date _____

Company Name _____

Address _____

Trust Account Title _____

Trust Account Number _____ For Month of _____

Bank _____

Prepared by _____ Email _____

Office Phone _____ Office Fax _____

PART I:

Bank Statement Ending Balance $ _____

Plus: Deposits not yet recorded on bank statement but posted to check register & ledgers (Total of Schedule A) $ _____

Deposits **recorded** on bank statement but **not** posted to check register & ledgers $ _____

SUBTOTAL $ _____

Less: Outstanding checks (Total of Schedule B) $ _____

Plus or Minus: Other adjusting entries (Total of Schedule C) $ _____

Reconciled bank balance as of _____ **TOTAL** $ _____

PART II: (Submit)

Checkbook, Check Register or Journal of Receipts and Disbursements: Balance as of _____ **TOTAL** $ _____

PART III: (Submit)

Ledger Cards: As of _____

(Total of Schedule D) **TOTAL** $ _____

Totals of Parts I, II and III must be reconciled to the same date and must be identical

*Amount of difference between these totals, if any: $ _____

**Complete Schedule C (page 2) to explain the difference <u>and</u> corrective action taken to bring Parts I, II and III into balance.*

***If corrective action will be taken after submission of this reconciliation explain the difference and corrective action tha will be taken on page 3 of this form.*

Broker funds, if any: $ _____

Print Broker Name: _____ Broker License #_____

A Form 513 Authorization To Inspect Records is on file with the Division reflecting the **current** bank name, bank address and bank account number for each of the brokerage's trust accounts ☐ Yes ☐ No

If not, I will promptly submit updated Form(s) 513 to the Real Estate Division.

I declare under penalty of perjury that the foregoing is true and correct.

Broker Signature: _____ Date _____

Recommended format or headings for schedules

SCHEDULE "A" (Deposits not yet posted by bank)

Date	Amount	Date	Amount	Date	Amount

SCHEDULE "B" (Outstanding checks)

Date	Check No.	Amount	Date	Check No.	Amount

SCHEDULE "C" (Adjusting entries)

Date	Amount	Explanation	Corrective Action Taken

SCHEDULE "D" (Ledgers)

Client name or Property address	Ledger Balance	Client name or Property address	Ledger Balance

NOTE: Form 546 is to be submitted annually by the end of the month in which the broker's license expires.
One form may be sufficient for low volume accounts. For higher volume accounts, complete additional schedules.
Trust accounts must be reconciled with bank statements at least monthly.
For direction regarding trust accounts and how to open a bank trust account go to: Informational Bulletin #26.

MAIL COMPLETED FORMS, BANK STATEMENTS AND SCHEDULES TO:
Nevada Real Estate Division, ATTN: Compliance, 2501 E. Sahara Avenue, Suite 300, Las Vegas, NV 89104

email: realest@red.nv.gov http://red.nv.gov/ 702-486-4033

****EXPLAIN FULLY:** *If corrective action will be taken after submission of this reconciliation explain the difference and corrective action that will be taken.*

Broker Signature Date