North Carolina State Bar

Reconciliation Report

REPORT DATE: _____ 20____

ACCOUNT #: _____

Instructions

- Complete steps 2-7 monthly for **each** general, dedicated, and fiduciary account. Complete entire form at least quarterly for **each** general trust account.
- Attach: 1) a list of clients with corresponding balances, 2) a copy of the general ledger/checkbook register, 3) a list of outstanding deposits, 4) a list of outstanding checks, 5) the corresponding bank statement and cancelled checks (or images thereof).

Reconciliation of Lawyer's Trust Account Records

1. **Total of *positive* client ledger balances** as of _____ $_____
   (as of ending date shown on the corresponding bank statement)

   Do any clients have a negative balance? □ *Yes* □ *No* If yes, attach explanation and corrective action taken.

2. **General ledger/checkbook register balance** as of _____ $_____
   (as of ending date shown on the corresponding bank statement)

Bank Statement Reconciliation

3. **Statement Ending Date** _____ **and Balance** $_____

4. ***Plus:*** Outstanding deposits made to the account through end of month but not reflected on bank statement

Number of outstanding deposits _____ Amount of outstanding deposits + _____

5. Minus: Outstanding disbursements made through end of month but not reflected on bank statement

Number of outstanding disbursements _____ Amount of outstanding disbursements - _____

6. ***Adjusted Bank Balance*** $_____

7. The balance on line #6 □ *agrees* □ *does not agree* with the balances on lines #1 and #2. If the balances do not agree, attach explanation and corrective action taken.

Report prepared by: _____ _____
Print Name and Position Signature

Report prepared by a non-lawyer? □ *Yes* □ *No* If yes, does non-lawyer have check signing authority for this trust account? □ *Yes* □ *No*

I certify that, for this account, I personally reviewed the above report, bank statement, and cancelled checks, and that all discrepancies shall be investigated, identified, and resolved within ten days of this report.

Report reviewed by: _____ _____
Print Lawyer Name Signature