

Report of Cash Payments Over \$10,000 Received in a Trade or Business

Department of the Treasury
Internal Revenue Service

▶ See instructions for definition of cash.
▶ Use this form for transactions occurring after August 29, 2014. Do not use prior versions after this date.

For Privacy Act and Paperwork Reduction Act Notice, see the last page.

OMB No. 1506-0018
Department of the Treasury
Financial Crimes
Enforcement Network

1 Check appropriate box(es) if: a Amends prior report; b Suspicious transaction.

Part I Identity of Individual From Whom the Cash Was Received

2 If more than one individual is involved, check here and see instructions ▶

3 Last name 4 First name 5 M.I. 6 Taxpayer identification number

7 Address (number, street, and apt. or suite no.) 8 Date of birth (see instructions) M M D D Y Y Y Y

9 City 10 State 11 ZIP code 12 Country (if not U.S.) 13 Occupation, profession, or business

14 Identifying document (ID) a Describe ID ▶ c Number ▶ b Issued by ▶

Part II Person on Whose Behalf This Transaction Was Conducted

15 If this transaction was conducted on behalf of more than one person, check here and see instructions ▶

16 Individual's last name or organization's name 17 First name 18 M.I. 19 Taxpayer identification number

20 Doing business as (DBA) name (see instructions) Employer identification number

21 Address (number, street, and apt. or suite no.) 22 Occupation, profession, or business

23 City 24 State 25 ZIP code 26 Country (if not U.S.)

27 Alien identification (ID) a Describe ID ▶ c Number ▶ b Issued by ▶

Part III Description of Transaction and Method of Payment

28 Date cash received M M D D Y Y Y Y 29 Total cash received \$.00 30 If cash was received in more than one payment, check here ▶ 31 Total price if different from item 29 \$.00

32 Amount of cash received (in U.S. dollar equivalent) (must equal item 29) (see instructions):
a U.S. currency \$.00 (Amount in \$100 bills or higher \$.00)
b Foreign currency \$.00 (Country ▶)
c Cashier's check(s) \$.00 Issuer's name(s) and serial number(s) of the monetary instrument(s) ▶
d Money order(s) \$.00
e Bank draft(s) \$.00
f Traveler's check(s) \$.00

33 Type of transaction a Personal property purchased f Debt obligations paid
b Real property purchased g Exchange of cash
c Personal services provided h Escrow or trust funds
d Business services provided i Bail received by court clerks
e Intangible property purchased j Other (specify in item 34) ▶
34 Specific description of property or service shown in 33. Give serial or registration number, address, docket number, etc. ▶

Part IV Business That Received Cash

35 Name of business that received cash 36 Employer identification number

37 Address (number, street, and apt. or suite no.) Social security number

38 City 39 State 40 ZIP code 41 Nature of your business

42 Under penalties of perjury, I declare that to the best of my knowledge the information I have furnished above is true, correct, and complete.

Signature ▶ _____ Authorized official Title ▶ _____

43 Date of signature M M D D Y Y Y Y 44 Type or print name of contact person 45 Contact telephone number

Multiple Parties

(Complete applicable parts below if box 2 or 15 on page 1 is checked.)

Part I Continued—Complete if box 2 on page 1 is checked

Form section for Part I, first entry. Fields include: 3 Last name, 4 First name, 5 M.I., 6 Taxpayer identification number, 7 Address (number, street, and apt. or suite no.), 8 Date of birth (see instructions), 9 City, 10 State, 11 ZIP code, 12 Country (if not U.S.), 13 Occupation, profession, or business, 14 Identifying document (ID) with sub-fields a Describe ID, c Number, and b Issued by.

Form section for Part I, second entry. Fields include: 3 Last name, 4 First name, 5 M.I., 6 Taxpayer identification number, 7 Address (number, street, and apt. or suite no.), 8 Date of birth (see instructions), 9 City, 10 State, 11 ZIP code, 12 Country (if not U.S.), 13 Occupation, profession, or business, 14 Identifying document (ID) with sub-fields a Describe ID, c Number, and b Issued by.

Part II Continued—Complete if box 15 on page 1 is checked

Form section for Part II, first entry. Fields include: 16 Individual's last name or organization's name, 17 First name, 18 M.I., 19 Taxpayer identification number, 20 Doing business as (DBA) name (see instructions), Employer identification number, 21 Address (number, street, and apt. or suite no.), 22 Occupation, profession, or business, 23 City, 24 State, 25 ZIP code, 26 Country (if not U.S.), 27 Alien identification (ID) with sub-fields a Describe ID, c Number, and b Issued by.

Form section for Part II, second entry. Fields include: 16 Individual's last name or organization's name, 17 First name, 18 M.I., 19 Taxpayer identification number, 20 Doing business as (DBA) name (see instructions), Employer identification number, 21 Address (number, street, and apt. or suite no.), 22 Occupation, profession, or business, 23 City, 24 State, 25 ZIP code, 26 Country (if not U.S.), 27 Alien identification (ID) with sub-fields a Describe ID, c Number, and b Issued by.

Comments – Please use the lines provided below to comment on or clarify any information you entered on any line in Parts I, II, III, and IV

Five horizontal lines provided for entering comments.