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## BSA E-Filing Cash Payments Report Header

Version Number: 1.0

Use this form for transactions occurring after July 8, 2012. Do not use prior versions after this date.

Filing Name

Submission Type

Document Control Number

Sign with PIN

|   |   |  |
|---|---|--|
| IRS Form <b>8300</b><br>(Rev. July 2012)<br>OMB No.1545-0892<br>Department of the Treasury<br>Internal Revenue Service                                    | <h2 style="margin:0;">Report of Cash Payments Over \$10,000<br/>Received in a Trade or Business</h2> <p style="margin:0;">Previous editions will not be accepted after March 31, 2008.<br/>(Complete all parts that apply-- )</p> | FinCEN Form <b>8300</b><br>(Rev. July 2012)<br>OMB No.1506-0018<br>Department of the Treasury<br>FinCEN                      |
| 1 Check appropriate box(es) if:    a <input type="checkbox"/> Amends prior report                      b <input type="checkbox"/> Suspicious transaction  |   |  |
| <b>Part I Identity of Individual From Whom the Cash Was Received</b>  |   |  |
| 2 If more than one individual is involved, check this box to add multiple persons : <input type="checkbox"/> Multiple Part I                              |   |  |
| 3 Last name   | 4 First name  | 5 M.I.   |
| 7 Address (number, street, and apt. or suite no.)   |   | 8 Date of birth  |
| 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   | b Issued by:   |
|   | c Number  |  |
| <b>Part II Person on Whose Behalf This Transaction Was Conducted</b>  |   |  |
| 15 If this transaction was conducted on behalf of more than one person, check this box to add multiple persons: <input type="checkbox"/> Multiple Part II |   |  |
| 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   |   | 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   | b Issued by:   |
|   | c Number  |  |
| <b>Part III Description of Transaction and Method of Payment</b>  |   |  |
| 28 Date cash received   | 29 Total cash received  | 30 If cash was received in more than one payment check here <input type="checkbox"/>   |
|   | \$ .00  | 31 Total price if different from item 29   |
|   |   |  |
| 32 Amount of cash received (in U.S. dollar equivalent) (must equal item 29) :   |   |  |
| 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  |   | 34 Specific description of property or service shown in 33. Give serial or registration number, address, docket number, etc. |
| a <input type="checkbox"/> Personal property purchased  | f <input type="checkbox"/> Debt obligations paid  |  |
| b <input type="checkbox"/> Real property purchased  | g <input type="checkbox"/> Exchange of cash   |  |
| c <input type="checkbox"/> Personal services provided   | h <input type="checkbox"/> Escrow or trust funds  |  |
| d <input type="checkbox"/> Business services provided   | i <input type="checkbox"/> Bail received by court clerks  |  |
| e <input type="checkbox"/> Intangible property purchased  | j <input type="checkbox"/> Other (specify in item 34)   |  |
| <b>Part IV Business That Received Cash</b>  |   |  |
| 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   | Please sign in the header page.   | Title  |
| Authorized official   |   |  |
| 43 Date of signature  | 44 Name of person to contact  | 45 Contact telephone number  |

**Comments**-Please use the space provided below to comment on or clarify any information you entered on any line in Parts I,II,III and IV. (Comments section is limited to 720 characters)

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Empty space for comments.