


<div>FINCEN Form 104 (Formerly Form 4789) (Rev. August 2003) Department of the Treasury FinCEN</div>		<div>Currency Transaction Report ▶ Previous editions will not be accepted after August 2004. ▶ Please type or print. (Complete all parts that apply--See Instructions)</div>		<div> OMB No. 1506-0004</div>	
1 Check all box(es) that apply: a <input type="checkbox"/> Amends prior report b <input type="checkbox"/> Multiple persons c <input type="checkbox"/> Multiple transactions					
Part I Person(s) Involved in Transaction(s)					
Section A--Person(s) on Whose Behalf Transaction(s) Is Conducted					
2 Individual's last name or entity's name			3 First name		4 Middle initial
5 Doing business as (DBA)			6 SSN or EIN 		
7 Address (number, street, and apt. or suite no.)			8 Date of birth / / MM DD YYYY		
9 City	10 State	11 ZIP code	12 Country code (if not U.S.)	13 Occupation, profession, or business	
14 If an individual, describe method used to verify identity: a <input type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other _____ e Issued by: _____ f Number: _____					
Section B--Individual(s) Conducting Transaction(s) (if other than above). If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s).					
a <input type="checkbox"/> Armored Car Service b <input type="checkbox"/> Mail Deposit or Shipment c <input type="checkbox"/> Night Deposit or Automated Teller Machine (ATM) d <input type="checkbox"/> Multiple Transactions e <input type="checkbox"/> Conducted On Own Behalf					
15 Individual's last name			16 First name		17 Middle initial
18 Address (number, street, and apt. or suite no.)			19 SSN 		
20 City	21 State	22 ZIP code	23 Country code (If not U.S.)	24 Date of birth / / MM DD YYYY	
25 If an individual, describe method used to verify identity: a <input type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other _____ e Issued by: _____ f Number: _____					
Part II Amount and Type of Transaction(s). Check all boxes that apply.					
26 Total cash in \$ _____ .00			27 Total cash out \$ _____ .00		
26a Foreign cash in _____ .00			27a Foreign cash out _____ .00		
29 <input type="checkbox"/> Foreign Country			30 <input type="checkbox"/> Wire Transfer(s)		
31 <input type="checkbox"/> Negotiable Instrument(s) Purchased			32 <input type="checkbox"/> Negotiable Instrument(s) Cashed		
33 <input type="checkbox"/> Currency Exchange(s)			34 <input type="checkbox"/> Deposit(s)/Withdrawal(s)		
35 <input type="checkbox"/> Account Number(s) Affected (if any): _____ _____ _____			36 <input type="checkbox"/> Other (specify) _____ _____ _____		
28 Date of transaction / / MM DD YYYY					
Part III Financial Institution Where Transaction(s) Takes Place					
37 Name of financial institution			Enter Federal Regulator or BSA Examiner code number (see instructions) ▶		
38 Address (number, street, and apt. or suite no.)			39 EIN or SSN 		
40 City	41 State	42 ZIP code	43 Routing (MICR) number 		
44 Title of approving official		45 Signature of approving official		46 Date of signature / / MM DD YYYY	
47 Type or print preparer's name		48 Type or print name of person to contact		49 Telephone number () -	
▶ For Paperwork Reduction Act Notice, see page 4. Cat. No. 42004W FinCEN Form 104 (Formerly Form 4789) (Rev. 8-03)					