


FINCEN Form 103-N (Formerly Form 8852) (Rev. December 2003) Department of the Treasury FINCEN		Currency Transaction Report by Casinos—Nevada Previous editions will not be accepted after May 31, 2004. Please type or print. (Complete all applicable parts—See Instructions)		 OMB No. 1506-0003	
1 Check appropriate box(es) if: a <input type="checkbox"/> Amends prior report b <input type="checkbox"/> Supplemental report					
Part I Person(s) Involved in Transaction(s)					
Section A—Person(s) on Whose Behalf Transaction(s) Is Conducted (Patron) 2 <input type="checkbox"/> Multiple persons					
3 Individual's last name or Entity's name			4 First name		5 M.I.
6 Permanent address (number, street, and apt. or suite no.)					7 SSN or EIN
8 City	9 State	10 ZIP code	11 Country code (if not U.S.)	12 Date of birth	
				MM DD YYYY	
13 Method used to verify identify: a <input type="checkbox"/> Examined identification credential/document b <input type="checkbox"/> Known Patron - information on file c <input type="checkbox"/> Organization d <input type="checkbox"/> Other					
14 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other					
e Issued by: f Number:					
15 Customer's Account Number					
Section B—Individual(s) Conducting Transaction(s) - If other than above (Agent) 16 <input type="checkbox"/> Multiple agents					
17 Individual's last name			18 First name		19 M.I.
20 Permanent address (number, street, and apt. or suite no.)					21 SSN
22 City	23 State	24 ZIP code	25 Country code (if not U.S.)	26 Date of birth	
				MM DD YYYY	
27 Method used to verify identify: a <input type="checkbox"/> Examined identification credential b <input type="checkbox"/> Known patron - information on file c <input type="checkbox"/> Other					
28 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID 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) (Complete Box 31 or 32) 29 <input type="checkbox"/> Multiple transactions 30 <input type="checkbox"/> Dissimilar transactions					
31 CASH IN: (in U.S. dollar equivalent)			32 CASH OUT: (in U.S. dollar equivalent)		
a Purchase of casino chips, tokens, and other gaming instrumentalities \$.00			a Redemption of casino chips, tokens, and other gaming instrumentalities \$.00		
b Deposit (front money or safekeeping) .00			b Withdrawal of deposit (front money of safekeeping) .00		
c Payments on credit (including markers) .00			c Advance on credit (including markers) .00		
d Table game cash bet lost .00			d Payment on bet (including slot jackpot) .00		
e Non-table game cash bet .00			e Currency paid from wire transfer in .00		
f Other (specify) .00			f Negotiable instrument cashed (including checks) .00		
			g Travel and complimentary expenses and gaming incentives .00		
			h Payment for tournament, contest or other promotions .00		
			i Other (specify) .00		
g Enter total amount of CASH IN transaction \$.00			j Enter total amount of CASH OUT transaction \$.00		
33 Date of transaction MM/DD/YYYY			34 Time of transaction : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		35 Foreign currency used (country code)
36 Additional information					
Part III Casino Reporting Transaction(s)					
37 Casino's trade name		38 Casino's legal name		39 Employer identification number (EIN)	
40 Address (number, street, and apt. or suite no.) where transaction occurred				41 Contact Telephone Number ()	
42 City	43 State	44 ZIP code		45 Country code (if not U.S.)	
Sign Here	46 Name and title of recorder/handler		47 Signature of recorder/handler		48 Date of signature
	49 Name and title of reviewer		50 Signature of reviewer		51 Date of signature
				MM DD YYYY	