

information on plain paper attached to the Form 103-N. Type or print the patron's name, social security number (or EIN), date of the transaction, licensee's name and licensee's EIN (i.e., Items 3, 4, 5, 7, 33, 37, 38 and 39) on all additional sheets so that, if the sheets become separated, they may be associated with the Form 103-N.

Item 1 a. Amends Prior Report. Check box **a** if the report corrects an error in a previously filed report or provides information for a previously filed report. Staple a copy of the original report behind the amended one. Complete Part III in its entirety, but only complete those other entries on the form that are being amended.

Item 1 b. Supplemental Report. Check box **b** if the report is for additional same type transactions occurring subsequent to a same type transaction that was reported on a Form 103-N during the same designated 24-hour period. See Reg. 6A for details.

Part I - Person(s) Involved in Transaction(s)

Note: Section A must be completed. If an individual conducts a transaction on his or her own behalf (i.e., a patron), complete Section A and leave Section B blank. If an individual conducts a transaction on behalf of another individual (i.e., an agent conducts a transaction for a patron), complete Section B for the agent and Section A for the patron.

Section A - Person(s) on Whose Behalf Transaction is Conducted (Patron)

Item 2. Multiple Persons. Check Item **2** if the transaction is for the benefit of two or more patrons or if the transaction is conducted by two or more patrons who are benefiting from the transaction. Complete Section A on both page 1 and on page 2 for all patrons benefiting from the transaction.

Items 3, 4 and 5. Individual's/Entity's Name. Enter the patron's last name in Item **3**, first name in Item **4** and middle initial in Item **5** (if no middle initial leave Item **5** blank). If the patron is an entity, enter both the legal name (name used in Federal tax filings) and any "DBA" name in Item **3** (Item **4** may also be used if more space is required.).

Items 6, 8, 9, 10 and 11. Address. Enter the permanent street address including apartment or suite number, road or route number, city, state, zip code and two letter country code (if not United States) of the patron. Use two-letter postal abbreviations for the state (e.g., NV for Nevada, CA for California). If the patron is from a foreign country use the required two-letter country code (e.g., JA for Japan) found at the FinCEN web site at www.fincen.gov/req_bsaforms.html or call the FinCEN Help Line at 1-800-949-2732 and select option 5.

If the patron has no residence street address, the patron refuses to provide a residence street address or only provides a post office box for an address, indicate "NONE," "REFUSED" or the post office box number in Item 6 as applicable.

Item 7. Social Security Number (SSN) or Employer Identification Number (EIN). Enter the patron's SSN or EIN. If a patron refuses to provide an SSN or EIN indicate "REFUSED" in Item 7. If a patron does not have an SSN or EIN indicate "NONE" in Item 7.

Item 12. Date of Birth. Enter the patron's date of birth if it is indicated on the patron's identification credential or contained in the 6A licensee's records. If the date of birth is unavailable indicate "NA" in Item 12. Enter the date in MM/DD/YYYY format, with a zero preceding any single digit number (e.g., September 19, 1963 must be entered as 09/19/1963).

Item 13. Method Used to Verify Identity. Check box **a** if the patron's identification credential was examined. Check box **b** if, in accordance with Reg. 6A, the patron was a "known patron" and the information needed to complete Form 103-N was taken from the 6A licensee's records. If Item **a** or **b** is checked, Item **14** must be completed. If the patron is an entity, check Item **c**, complete Section B and do not complete Item **14**. If an agent is involved in the transaction for a patron other than an entity and the patron's identification credential was unavailable or information for the patron was not available from the 6A licensee's records, check Item **d** and indicate "U/A" in the space provided.

Item 14. Describe Identification Credential. Check box **a**, **b**, **c** or **d** as applicable. If Item **d** is checked, specifically indicate the credential examined (e.g., Military ID). For all types of credentials, enter the issuer of the credential such as the state or country (using two-letter abbreviations or codes) in the space provided for box **e** (see instructions for items **10** and **11**). Enter the identification number contained on the credential in the space provided for box **f**.

Item 15. Customer Account Number. Enter the patron's account number associated with the transaction. If no account number exists, indicate "N/A."

Section B - Individual(s) Conducting Transaction(s) If Other Than Above (Agent)

Note: Complete Section B if an agent is involved in the transaction. If an agent is not involved in the transaction, leave Section B blank.

Item 16. Multiple Agents. Check Item **16** if more than one agent was involved in the transaction(s) for the same patron. Complete Section B on both page 1 and on page 2 for all agents conducting the transaction(s).

Items 17, 18, and 19. Individual's Name. Enter the agent's last name in Item **17**, first name in Item **18** and middle initial in Item **19** (if no middle initial leave Item **19** blank).

Items 20, 22, 23, 24 and 25. Address. Enter the agent's permanent address. Refer to instructions for Items **6**, **8**, **9**, **10** and **11**.

Item 21. Social Security Number (SSN). Enter the agent's SSN. If an agent refuses to provide an SSN indicate "REFUSED" in Item **21**. If an agent does not have an SSN indicate "NONE" in Item **21**.

Item 26. Date of Birth. Enter the agent's date of birth if it is indicated on the agent's identification credential or contained in the 6A licensee's records. If the date of birth is unavailable indicate "NA" in Item **26**. Refer to instructions for Item **12** for format of date entry.

Item 27. Method Used to Verify Identity. Check box **a** if the agent's identification credential was examined. Check box **b** if, in accordance with Reg.