


<b>FinCEN Report 112</b> December 2011 BSA E-File Only		<b>Bank Secrecy Act Currency Transaction Report</b>			 OMB Control Number 1506-0064	
1 Type of filing (check box that applies): a <input type="checkbox"/> Initial report b <input type="checkbox"/> Correct/amend prior report c <input type="checkbox"/> FinCEN directed Backfiling						
<b>Part I Person Involved in Transaction</b> 2 a <input type="checkbox"/> Person conducting transaction on own behalf b <input type="checkbox"/> Person conducting transaction for another						
2 c <input type="checkbox"/> Person on whose behalf transaction is conducted				d <input type="checkbox"/> Courier service (private)		3 <input type="checkbox"/> Multiple transactions
*4 Individual's last name or entity's legal name a <input type="checkbox"/> Unk b <input type="checkbox"/> If entity			*5 First name a. Unk <input type="checkbox"/>		6 M. I.	7 Gender a. Male <input type="checkbox"/> b. Fem. <input type="checkbox"/> c. Unk <input type="checkbox"/>
8 Alternate name, e.g., AKA - individual or DBA - entity			9 Occupation or type of business		9a NAICS Code	
*10 Address (number, street, and apt. or suite no.) a. Unk <input type="checkbox"/>			*11 City a. Unk <input type="checkbox"/>		*12 State a. Unk <input type="checkbox"/>	*13 ZIP/Postal Code a. Unk <input type="checkbox"/>
*14 Country code a. Unk <input type="checkbox"/>	*15 TIN a. Unk <input type="checkbox"/>		16 TIN type *(If 15 is known) a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign		*17 Date of birth a. Unk <input type="checkbox"/> MM DD YYYY	
18 Contact phone number (If available)		18a Ext. (If any)		19 E-mail address (If available)		
*20 Form of identification used to verify identity: a. Unk <input type="checkbox"/> b <input type="checkbox"/> Driver's license/State I.D. c <input type="checkbox"/> Passport d <input type="checkbox"/> Alien registration z <input type="checkbox"/> Other (describe) _____ e Issuing State: _____ f Country: _____ g Number: _____						
21 Cash in amount for individual or entity listed in item 4 \$ _____ .00 Acct. number(s) included in item 21 a _____ b _____			22 Cash out amount for individual or entity listed in item 4 \$ _____ .00 Acct. number(s) included in item 22 a _____ b _____			
<b>Part II Amount and Type of Transaction(s). Check all boxes that apply.</b>					*23 Date of transaction MM DD YYYY	
24 a <input type="checkbox"/> Armored car (FI contract) b <input type="checkbox"/> ATM c <input type="checkbox"/> Mail Deposit or Shipment d <input type="checkbox"/> Night Deposit e <input type="checkbox"/> Aggregated transactions						
*25 Total cash in \$ _____ .00			*27 Total cash out \$ _____ .00			
a Deposit(s) \$ _____ .00			a Withdrawal(s) \$ _____ .00			
b Payment(s) \$ _____ .00			b Advance(s) on credit (including markers) \$ _____ .00			
c Currency received for funds transfer(s) <b>out</b> \$ _____ .00			c Currency paid from funds transfer(s) <b>in</b> \$ _____ .00			
d Purchase of negotiable instrument(s) \$ _____ .00			d Negotiable instrument(s) cashed \$ _____ .00			
e Currency exchange(s) \$ _____ .00			e Currency exchange(s) \$ _____ .00			
f Currency to prepaid access \$ _____ .00			f Currency from prepaid access \$ _____ .00			
g Purchase(s) of casino chips, tokens, and other gaming instruments \$ _____ .00			g Redemption(s) of casino chips, tokens, TITO tickets, and other gaming instruments \$ _____ .00			
h Currency wager(s) including money plays \$ _____ .00			h Payment(s) on wager(s) (including race book and OTB or sports pool) \$ _____ .00			
i Bills inserted into gaming devices \$ _____ .00			i Travel and complimentary expenses and gaming incentives \$ _____ .00			
z Other (specify): _____ \$ _____ .00			j Payment for tournament, contest or other promotions \$ _____ .00			
z Other (specify): _____ \$ _____ .00			z Other (specify): _____ \$ _____ .00			
26 Foreign cash in _____ a Foreign country (two letter code) _____ (see instructions)			28 Foreign cash out _____ a Foreign country (two letter code) _____ (see instructions)			
<b>Part III Financial Institution Where Transaction(s) Takes Place</b>					*29 Primary Federal regulator (See Instructions)	
*30 Legal name of financial institution			31 Alternate name, e.g., trade name, DBA		*32 EIN 	
*33 Address (number, street, and apt. or suite no.)			*34 City		*35 State 	*36 ZIP Code 
*37 Type of financial Institution (Check only one) a <input type="checkbox"/> Casino/Card club b <input type="checkbox"/> Depository institution c <input type="checkbox"/> MSB d <input type="checkbox"/> Securities/Futures z <input type="checkbox"/> Other (specify) _____			38 If 37a is checked, indicate type (Check only one) a <input type="checkbox"/> State licensed casino b <input type="checkbox"/> Tribal auth. casino c <input type="checkbox"/> Card club z <input type="checkbox"/> Other (specify) _____			
39 Financial institution ID number (Check one box to indicate type) a. <input type="checkbox"/> CRD number b. <input type="checkbox"/> IARD number c. <input type="checkbox"/> NFA number d. <input type="checkbox"/> RSSD number e. <input type="checkbox"/> SEC number			39f ID number 			
*40 Contact office			*41 Phone number 		41a Ext.	
					42 Date filed MM DD YYYY	