

Save

Validate

Submit

Print

Close



Version Number: 1.1

## BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114  
OMB Control Number: 1506-0009  
Effective January 1, 2014

Filing Name

Submission Type

New or Amendment

Sign with PIN

Check here  if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before June 30th of the year immediately following the calendar year being reported. The June 30<sup>th</sup> filing date may not be extended.

This report filed late for the following reason (Check only one):

- a.  Forgot to file
- b.  Did not know that I had to file
- c.  Thought account balance was below reporting threshold
- d.  Did not know that my account qualified as foreign
- e.  Account statement not received in time
- f.  Account statement lost (Replacement requested)
- g.  Late receiving missing required account information
- h.  Unable to obtain joint spouse signature in time
- i.  Unable to access BSA E-filing system
- z.  Other (please provide explanation below)

**FinCEN Form 114**

Department of the Treasury  
OMB no. 1506-0009

(Rev. September 2013)

**REPORT OF FOREIGN BANK  
AND FINANCIAL ACCOUNTS**

**Do NOT file with your Federal Tax Return**  
**Do not use previous editions of this form**

1 This report is for calendar  
year ended 12/31

Amended

**Part I Filer information**

2 Type of filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or other - Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number  If filer has no U.S. Identification number complete item 4	3a TIN type <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
---	--	--	--

6 Last name or organization name	7 First name	8 Middle initial	8a Suffix
----------------------------------	--------------	------------------	-----------

9 Mailing address (number, street, and apt. or suite no.)

10 City	11 State	12 ZIP/Postal Code	13 Country
---------	----------	--------------------	------------

- 14 a) Does the filer have a financial interest in 25 or more financial accounts?  
Yes  Enter number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.  
No
- b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
Yes  Enter number of accounts \_\_\_\_\_ Complete Part IV, items 34 through 43 for each person on whose behalf the filer has signature authority.  
No

**Part II Information on financial account(s) owned separately**

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
--	---	--

17 Name of financial institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held
--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
---------	--------------------	----------------------------------	------------

**Signature**

44a Check here  if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature The report will be electronically signed when filed	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) This date will auto-fill when the FBAR is electronically signed
---	---	---

<b>Third Party Preparer Use Only</b>	47 Preparer's last name	48 First name	49 MI	50 Check <input type="checkbox"/> if self-employed	51 TIN	51a TIN type <input type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
	52 Contact phone no.	52a Ext.	53 Firm's name		54 Firm's TIN	54a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> Foreign
	55 Mailing address (number, street, apt. or suite no.)		56 City		57 State	58 ZIP/Postal Code

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See instructions for definitions.

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE**

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN Form 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, for failure to supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350. The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

**Part III Information on financial account(s) owned jointly**FinCEN Form 114  
page number**Complete a separate block for each account owned jointly**

Add an additional Part III page as many times as necessary in order to provide information on all accounts

— of —

1 Filing for calendar year — — — —		3-4 Check appropriate identification number <input type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number Enter identification number here:		6 Last name or organization name	
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)		15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of financial institution in which account is held					
18 Account number or other designation		19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held			
20 City		21 State, if known	22 Foreign postal code, if known	23 Country	
24 Number of joint owners for this account		25 Taxpayer Identification Number (TIN) of principal joint owner, if known. See instructions			25a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
26 Last name or organization name of principal joint owner		27 First name of principal joint owner, if known		28 Middle initial, if known	28a Suffix
29 Mailing address (number, street, apt. or suite no.) of principal joint owner, if known					
30 City, if known		31 State, if known	32 ZIP/Postal Code, if known	33 Country, if known	
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)		15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of financial institution in which account is held					
18 Account number or other designation		19 Mailing address (number, street, apt. suite no.) of financial institution in which account is held			
20 City		21 State, if known	22 Foreign postal code, if known	23 Country	
24 Number of joint owners for this account		25 Taxpayer Identification Number of principal joint owner, if known. See instructions			25a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
26 Last name or organization name of principal joint owner		27 First name of principal joint owner, if known		28 Middle initial, if known	28a Suffix
29 Mailing address (number, street, apt. or suite no.) of principal joint owner, if known					
30 City, if known		31 State, if known	32 ZIP/Postal Code, if known	33 Country, if known	

**Part IV****Information on financial account(s) where filer has signature or other authority but no financial interest in the account(s)**FinCEN Form 114  
Page Number

\_\_ of \_\_

**Complete a separate block for each account**

Add an additional Part IV page as many times as necessary in order to provide information on all accounts

1 Filing for calendar year  -- -- -- --	3-4 Check appropriate identification number  <input type="checkbox"/> Taxpayer Identification Number  <input type="checkbox"/> Foreign identification number  Enter identification number here:	6 Last name or organization name
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below

17 Name of financial institution in which account is held			
---	--	--	--

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
--	--	--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
---------	--------------------	----------------------------------	------------

34 Last name or organization name of account owner	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
--	---	--

36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.)	
---------------	-------------------	------------	--	--

39 City	40 State	41 ZIP/Postal Code	42 Country
---------	----------	--------------------	------------

43 Filer's title with this owner			
----------------------------------	--	--	--

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below
---	--	--

17 Name of financial institution in which account is held			
---	--	--	--

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
--	--	--	--

20 City	21 State, if known	22 Foreign postal code, if known	23 Country
---------	--------------------	----------------------------------	------------

34 Last name or organization name of account owner	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
--	---	--

36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.)	
---------------	-------------------	------------	--	--

39 City	40 State	41 ZIP/Postal Code	42 Country
---------	----------	--------------------	------------

43 Filer's title with this owner			
----------------------------------	--	--	--

**Part V****Information on financial account(s) where filer is filing a consolidated report**FinCEN Form 114  
Page Number

\_\_\_ of \_\_\_

**Complete a separate block for each account**

Add an additional Part V page as many times as necessary in order to provide information on all accounts

1 Filing for calendar year ____		3-4 Check appropriate identification number <input type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign identification number Enter identification number here:		6 Last name or organization name			
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)		15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below				
17 Name of financial institution in which account is held							
18 Account number or other designation		19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held					
20 City		21 State, if known	22 Foreign postal code, if known		23 Country		
34 Organization name of account owner			35 Tax identification number of account owner		35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign		
38 Mailing address (number, street, Apt. or Suite No.)							
39 City		40 State	41 ZIP/Postal Code		42 Country		
15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)		15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below				
17 Name of financial institution in which account is held							
18 Account number or other designation		19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held					
20 City		21 State, if known	22 Foreign postal code, if known		23 Country		
34 Organization name of account owner			35 Tax identification number of account owner		35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign		
38 Mailing address (number, street, apt. or suite no.)							
39 City		40 State	41 ZIP/Postal Code		42 Country		