

Report of Cash Payments Over \$10,000 Received in a Trade or Business

Department of the Treasury
Internal Revenue Service

See instructions for definition of cash.
Use this form for transactions occurring after December 31, 2023. Do not use prior versions after this date.

OMB No. 1506-0018
Department of the Treasury
Financial Crimes
Enforcement Network

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

1 Check appropriate box(es) if: a Amends prior report; b Suspicious transaction.

Part I Identity of Individual From Whom the Cash Was Received

2 If more than one individual is involved, check here and see instructions

3 Last name	4 First name	5 M.I.	6 Taxpayer identification number
7 Address (number, street, and apt. or suite no.)		8 Date of birth (see instructions)	M M D D Y Y Y Y
9 City	10 State	11 ZIP code	12 Country (if not U.S.)
14 Identifying document (ID) a Describe ID c Number			b Issued by

Part II Person on Whose Behalf This Transaction Was Conducted

15 If this transaction was conducted on behalf of more than one person, check here and see instructions

16 Individual's last name or organization's name	17 First name	18 M.I.	19 Taxpayer identification number
20 Doing business as (DBA) name (see instructions)			Employer identification number
21 Address (number, street, and apt. or suite no.)		22 Occupation, profession, or business	
23 City	24 State	25 ZIP code	26 Country (if not U.S.)
27 Alien identification (ID) a Describe ID c Number			b Issued by

Part III Description of Transaction and Method of Payment

28 Date cash received M M D D Y Y Y Y	29 Total cash received \$.00	30 If cash was received in more than one payment, check here <input type="checkbox"/>	31 Total price if different from item 29 \$.00
32 Amount of cash received (in U.S. dollar equivalent) (must equal item 29) (see instructions):			
a U.S. currency	\$.00	(Amount in \$100 bills or higher \$.00)	
b Foreign currency	\$.00	(Country _____)	
c Cashier's check(s)	\$.00	} Issuer's name(s) and serial number(s) of the monetary instrument(s)	
d Money order(s)	\$.00		
e Bank draft(s)	\$.00		
f Traveler's check(s)	\$.00		
33 Type of transaction		34 Specific description of property or service shown in 33. Give serial or registration number, address, docket number, etc.	
a <input type="checkbox"/> Personal property purchased	f <input type="checkbox"/> Debt obligations paid	----- ----- -----	
b <input type="checkbox"/> Real property purchased	g <input type="checkbox"/> Exchange of cash		
c <input type="checkbox"/> Personal services provided	h <input type="checkbox"/> Escrow or trust funds		
d <input type="checkbox"/> Business services provided	i <input type="checkbox"/> Bail received by court clerks		
e <input type="checkbox"/> Intangible property purchased	j <input type="checkbox"/> Other (specify in item 34)		

Part IV Business That Received Cash

35 Name of business that received cash			36 Employer identification number
37 Address (number, street, and apt. or suite no.)			Social security number
38 City	39 State	40 ZIP code	41 Nature of your business

42 Under penalties of perjury, I declare that to the best of my knowledge the information I have furnished above is true, correct, and complete.

Signature _____ Title _____
Authorized official

43 Date of signature M M D D Y Y Y Y	44 Type or print name of contact person	45 Contact telephone number
---	---	-----------------------------

Multiple Parties

(Complete applicable parts below if box 2 or 15 on page 1 is checked.)

Part I Continued—Complete if box 2 on page 1 is checked

Form section for Part I, first entry. Fields include: 3 Last name, 4 First name, 5 M.I., 6 Taxpayer identification number, 7 Address, 8 Date of birth, 9 City, 10 State, 11 ZIP code, 12 Country, 13 Occupation, 14 Identifying document (ID), a Describe ID, c Number, b Issued by.

Form section for Part I, second entry. Fields include: 3 Last name, 4 First name, 5 M.I., 6 Taxpayer identification number, 7 Address, 8 Date of birth, 9 City, 10 State, 11 ZIP code, 12 Country, 13 Occupation, 14 Identifying document (ID), a Describe ID, c Number, b Issued by.

Part II Continued—Complete if box 15 on page 1 is checked

Form section for Part II, first entry. Fields include: 16 Individual's last name or organization's name, 17 First name, 18 M.I., 19 Taxpayer identification number, 20 Doing business as (DBA) name, Employer identification number, 21 Address, 22 Occupation, 23 City, 24 State, 25 ZIP code, 26 Country, 27 Alien identification (ID), a Describe ID, c Number, b Issued by.

Form section for Part II, second entry. Fields include: 16 Individual's last name or organization's name, 17 First name, 18 M.I., 19 Taxpayer identification number, 20 Doing business as (DBA) name, Employer identification number, 21 Address, 22 Occupation, 23 City, 24 State, 25 ZIP code, 26 Country, 27 Alien identification (ID), a Describe ID, c Number, b Issued by.

Comments - Please use the lines provided below to comment on or clarify any information you entered on any line in Parts I, II, III, and IV