

## Currency Transaction Report

► Use this 1998 revision effective June 1, 1998.

► For Paperwork Reduction Act Notice, see page 3. ► Please type or print.

(Complete all parts that apply—See instructions)

OMB No. 1506-0004

1 Check all box(es) that apply:

**a** ☐ Amends prior report      **b** ☐ Multiple persons      **c** ☐ Multiple transactions

|               |                                             |
|---------------|---------------------------------------------|
| <b>Part I</b> | <b>Person(s) Involved in Transaction(s)</b> |
|---------------|---------------------------------------------|

## Section A—Person(s) on Whose Behalf Transaction(s) Is Conducted

|                                                                                                                                                                                                             |  |  |  |                           |  |                     |  |  |                                 |                                                                                                                                                                                                                                                                            |                  |  |                                               |               |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|---------------------------|--|---------------------|--|--|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|-----------------------------------------------|---------------|--|--|--|--|--|--|--|
| <b>2</b> Individual's last name or Organization's name                                                                                                                                                      |  |  |  |                           |  | <b>3</b> First name |  |  |                                 |                                                                                                                                                                                                                                                                            |                  |  |                                               | <b>4</b> M.I. |  |  |  |  |  |  |  |
| <b>5</b> Doing business as (DBA)                                                                                                                                                                            |  |  |  |                           |  |                     |  |  |                                 | <b>6</b> SSN or EIN<br><div style="text-align: center;">             :    :    :    :    :    :<br/>             :    :    :    :    :    :<br/>             :    :    :    :    :    :           </div>                                                                   |                  |  |                                               |               |  |  |  |  |  |  |  |
| <b>7</b> Address (number, street, and apt. or suite no.)                                                                                                                                                    |  |  |  |                           |  |                     |  |  |                                 | <b>8</b> Date of birth<br><div style="text-align: center;">             M     M     D     D     Y     Y     Y     Y<br/>             :           :           :           :           :<br/>             :           :           :           :           :           </div> |                  |  |                                               |               |  |  |  |  |  |  |  |
| <b>9</b> City                                                                                                                                                                                               |  |  |  | <b>10</b> State<br>:<br>: |  | <b>11</b> ZIP code  |  |  | <b>12</b> Country (if not U.S.) |                                                                                                                                                                                                                                                                            |                  |  | <b>13</b> Occupation, profession, or business |               |  |  |  |  |  |  |  |
| <b>14</b> If an individual, describe method used to verify identity:                                                                                                                                        |  |  |  |                           |  |                     |  |  |                                 |                                                                                                                                                                                                                                                                            |                  |  |                                               |               |  |  |  |  |  |  |  |
| <b>a</b> <input type="checkbox"/> Driver's license/State I.D. <b>b</b> <input type="checkbox"/> Passport <b>c</b> <input type="checkbox"/> Alien registration <b>d</b> <input type="checkbox"/> Other ..... |  |  |  |                           |  |                     |  |  |                                 |                                                                                                                                                                                                                                                                            |                  |  |                                               |               |  |  |  |  |  |  |  |
| <b>e</b> Issued by:                                                                                                                                                                                         |  |  |  |                           |  |                     |  |  |                                 |                                                                                                                                                                                                                                                                            | <b>f</b> Number: |  |                                               |               |  |  |  |  |  |  |  |

## Section B—Individual(s) Conducting Transaction(s) (if other than above).

If Section B is left blank or incomplete, check the box(es) below to indicate the reason(s):

|                                                                      |  |                                                            |                      |                                                                                   |                                    |
|----------------------------------------------------------------------|--|------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------|------------------------------------|
| <b>a</b> <input type="checkbox"/> Armored Car Service                |  | <b>b</b> <input type="checkbox"/> Mail Deposit or Shipment |                      | <b>c</b> <input type="checkbox"/> Night Deposit or Automated Teller Machine (ATM) |                                    |
| <b>d</b> <input type="checkbox"/> Multiple Transactions              |  | <b>e</b> <input type="checkbox"/> Conducted On Own Behalf  |                      |                                                                                   |                                    |
| <b>15</b> Individual's last name                                     |  |                                                            | <b>16</b> First name |                                                                                   | <b>17</b> M.I.                     |
| <b>18</b> Address (number, street, and apt. or suite no.)            |  |                                                            |                      | <b>19</b> SSN                                                                     |                                    |
| <b>20</b> City                                                       |  | <b>21</b> State<br>:                                       | <b>22</b> ZIP code   | <b>23</b> Country (if not U.S.)                                                   | <b>24</b> Date of birth            |
|                                                                      |  | :                                                          |                      |                                                                                   | M M D D Y Y Y Y<br>: : : : : : : : |
| <b>25</b> If an individual, describe method used to verify identity: |  |                                                            |                      |                                                                                   |                                    |
| <b>a</b> <input type="checkbox"/> Driver's license/State I.D.        |  | <b>b</b> <input type="checkbox"/> Passport                 |                      | <b>c</b> <input type="checkbox"/> Alien registration                              |                                    |
| <b>d</b> <input type="checkbox"/> Other .....                        |  | <b>e</b> Issued by:                                        |                      | <b>f</b> Number:                                                                  |                                    |

**Part II** Amount and Type of Transaction(s). Check all boxes that apply.

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>26</b>    Cash In   \$ _____ .00</p><br><p><b>29</b>    <input type="checkbox"/> Foreign Currency _____<br/>                                (Country)</p><br><p><b>32</b>    <input type="checkbox"/> Negotiable Instrument(s) Cashed</p><br><p><b>35</b>    <input type="checkbox"/> Account Number(s) Affected (if any):<br/>_____<br/>_____</p> | <p><b>27</b>    Cash Out   \$ _____ .00</p><br><p><b>30</b>    <input type="checkbox"/> Wire Transfer(s)</p><br><p><b>33</b>    <input type="checkbox"/> Currency Exchange(s)</p><br><p><b>36</b>    <input type="checkbox"/> Other (specify)<br/>_____<br/>_____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 28 Date of Transaction | M | M | D | D | Y | Y | Y | Y |
|------------------------|---|---|---|---|---|---|---|---|
|                        | : | : | : | : | - | - | - | - |

| Part III | Financial Institution Where Transaction(s) Takes Place |
|----------|--------------------------------------------------------|
|          |                                                        |

|                    |                                                 |                                                                                 |            |           |          |                                         |                                          |     |
|--------------------|-------------------------------------------------|---------------------------------------------------------------------------------|------------|-----------|----------|-----------------------------------------|------------------------------------------|-----|
| <b>37</b>          | Name of financial institution                   | Enter Federal Regulator or BSA Examiner code number from the instructions here. |            |           |          |                                         |                                          | [ ] |
| <b>38</b>          | Address (number, street, and apt. or suite no.) |                                                                                 |            |           |          | <b>39</b>                               | SSN or EIN<br>:<br>:<br>:<br>:<br>:<br>: |     |
| <b>40</b>          | City                                            | <b>41</b>                                                                       | State<br>: | <b>42</b> | ZIP code | <b>43</b>                               | MICR No.                                 |     |
| <b>Sign Here ▶</b> | <b>44</b>                                       | Title of approving official                                                     | <b>45</b>  |           |          | Signature of approving official         |                                          |     |
|                    | <b>46</b>                                       | Date of signature                                                               | M          | M         | D        | D                                       | Y Y Y Y<br>:<br>:<br>:<br>:              |     |
|                    | <b>47</b>                                       | Type or print preparer's name                                                   | <b>48</b>  |           |          | Type or print name of person to contact |                                          |     |
|                    | <b>49</b>                                       | Telephone number<br>( )                                                         |            |           |          |                                         |                                          |     |

(Complete applicable parts below if box 1b on page 1 is checked.)

|                                                               |  |  |                         |                                     |  |                          |                                                                                                                        |                                               |   |   |   |                                        |   |   |   |   |
|---------------------------------------------------------------|--|--|-------------------------|-------------------------------------|--|--------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---|---|---|----------------------------------------|---|---|---|---|
| 15 Individual's last name                                     |  |  |                         | 16 First name                       |  |                          |                                                                                                                        | 17 M.I.                                       |   |   |   |                                        |   |   |   |   |
| 18 Address (number, street, and apt. or suite no.)            |  |  |                         |                                     |  |                          | 19 SSN<br><div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> |                                               |   |   |   |                                        |   |   |   |   |
| 20 City                                                       |  |  | 21 State<br><div></div> | 22 ZIP code                         |  | 23 Country (if not U.S.) |                                                                                                                        | 24 Date of birth                              | M | M | D | D                                      | Y | Y | Y | Y |
| 25 If an individual, describe method used to verify identity: |  |  |                         |                                     |  |                          |                                                                                                                        |                                               |   |   |   |                                        |   |   |   |   |
| a <input type="checkbox"/> Driver's license/State I.D.        |  |  |                         | b <input type="checkbox"/> Passport |  |                          |                                                                                                                        | c <input type="checkbox"/> Alien registration |   |   |   | d <input type="checkbox"/> Other ..... |   |   |   |   |
| e Issued by:                                                  |  |  |                         | f Number:                           |  |                          |                                                                                                                        |                                               |   |   |   |                                        |   |   |   |   |

**Paperwork Reduction Act Notice.**—The requested information is useful in criminal, tax, and regulatory investigations and proceedings. Financial institutions are required to provide the information under 31 U.S.C. 5313 and 31 CFR Part 103, commonly referred to as the Bank Secrecy Act (BSA). The BSA is administered by the U.S. Department of the Treasury's Financial Crimes Enforcement Network (FinCEN). You are not required to provide the requested information unless a form displays a valid OMB control number.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 19 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, you may write to the **Tax Forms Committee**, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send this form to this office. Instead, see **When and Where To File** below.

## Suspicious Transactions

This Currency Transaction Report (CTR) should NOT be filed for suspicious transactions involving \$10,000 or less in currency OR to note that a transaction of more than \$10,000 is suspicious. Any suspicious or unusual activity should be reported by a financial institution in the manner prescribed by its appropriate federal regulator or BSA examiner. (See the instructions for Item 37.) If a transaction is suspicious and in excess of \$10,000 in currency, then both a CTR and the appropriate referral form must be filed.

Should the suspicious activity require immediate attention, financial institutions should telephone 1-800-800-CTRS. An Internal Revenue Service (IRS) employee will direct the call to the local office of the IRS Criminal Investigation Division (CID). This toll-free number is operational Monday through Friday, from approximately 9:00 am to 6:00 pm Eastern Standard Time. If an emergency, consult directory assistance for the local IRS CID Office.

## General Instructions

**Who Must File.**—Each financial institution (other than a casino, which instead must file Form 8362 and the U.S. Postal Service for which there are separate rules), must file Form 4789 (CTR) for each deposit, withdrawal, exchange of currency, or other payment or transfer, by, through, or to the financial institution which involves a transaction in currency of more than \$10,000. Multiple transactions must be treated as a single transaction if the financial institution has knowledge that (1) they are by or on behalf of the same person, and (2) they result in either currency received (Cash In) or currency disbursed (Cash Out) by the financial institution totaling more than \$10,000 during any one business day. For a bank, a business day is the day on which transactions are routinely posted to customers' accounts, as normally communicated to depository customers. For all other financial institutions, a business day is a calendar day.

Generally, financial institutions are defined as banks, other types of depository institutions, brokers or dealers in securities, money transmitters, currency exchangers, check cashers, issuers and sellers of money orders and traveler's checks. Should you have questions, see the definitions in 31 CFR Part 103.

**When and Where To File.**—File this CTR by the 15th calendar day after the day of the transaction with the IRS Detroit Computing Center, ATTN: CTR, P.O. Box 33604, Detroit, MI 48232-5604 or with your local IRS office. Keep a

copy of each CTR for five years from the date filed.

A financial institution may apply to file the CTRs magnetically. To obtain an application to file magnetically, write to the IRS Detroit Computing Center, ATTN: CTR Magnetic Media Coordinator, at the address listed above.

**Identification Requirements.**—All individuals (except employees of armored car services) conducting a reportable transaction(s) for themselves or for another person must be identified by means of an official document(s).

Acceptable forms of identification include a driver's license, military, and military/dependent identification cards, passport, state issued identification card, cedular card (foreign), non-resident alien identification cards, or any other identification document or documents, which contain name and preferably address and a photograph and are normally acceptable by financial institutions as a means of identification when cashing checks for persons other than established customers.

Acceptable identification information obtained previously and maintained in the financial institution's records may be used. For example, if documents verifying an individual's identity were examined and recorded on a signature card when an account was opened, the financial institution may rely on that information. In completing the CTR, the financial institution must indicate on the form the method, type, and number of the identification. Statements such as "known customer" or "signature card on file" are not sufficient for form completion.

**Penalties.**—Civil and criminal penalties are provided for failure to file a CTR or to supply information or for filing a false or fraudulent CTR. See 31 U.S.C. 5321, 5322 and 5324.

**For purposes of this CTR, the terms below have the following meanings:**

**Currency.**—The coin and paper money of the United States or any other country, which is circulated and customarily used and accepted as money.

**Person.**—An individual, corporation, partnership, trust or estate, joint stock company, association, syndicate, joint venture or other unincorporated organization or group.

**Organization.**—Person other than an individual.

**Transaction In Currency.**—The physical transfer of currency from one person to another. This does not include a transfer of funds by means of bank check, bank draft, wire transfer or other written order that does not involve the physical transfer of currency.

**Negotiable Instruments.**—All checks and drafts (including business, personal, bank, cashier's and third-party), money orders, and promissory notes. For purposes of this CTR, all traveler's checks shall also be considered negotiable instruments. All such instruments shall be considered negotiable instruments whether or not they are in bearer form.

## Specific Instructions

Because of the limited space on the front and back of the CTR, it may be necessary to submit additional information on attached sheets. Submit this additional information on plain paper attached to the CTR. Be sure to put the individual's or organization's name and identifying number (Items 2, 3, 4, and 6 of the CTR) on any additional sheets so that if it becomes separated, it may be associated with the CTR.

**Item 1a. Amends Prior Report.**—If this CTR is being filed because it amends a report filed

previously, check Item 1a. Staple a copy of the original CTR to the amended one, complete Part III fully and only those other entries which are being amended.

**Item 1b. Multiple Persons.**—If this transaction is being conducted by more than one person or on behalf of more than one person, check Item 1b. Enter information in Part I for one of the persons and provide information on any other persons on the back of the CTR.

**Item 1c. Multiple Transactions.**—If the financial institution has knowledge that there are multiple transactions, check Item 1c.

## PART I - Person(s) Involved in Transaction(s)

Section A **must** be completed. If an individual conducts a transaction on his own behalf, complete Section A; leave Section B BLANK. If an individual conducts a transaction on his own behalf and on behalf of another person(s), complete Section A for each person; leave Section B BLANK. If an individual conducts a transaction on behalf of another person(s), complete Section B for the individual conducting the transaction, and complete Section A for each person on whose behalf the transaction is conducted of whom the financial institution has knowledge.

**Section A. Person(s) on Whose Behalf Transaction(s) Is Conducted.**—See instructions above.

**Items 2, 3, and 4. Individual/Organization Name.**—If the person on whose behalf the transaction(s) is conducted is an individual, put his/her last name in Item 2, first name in Item 3 and middle initial in Item 4. If there is no middle initial, leave item 4 BLANK. If the transaction is conducted on behalf of an organization, put its name in Item 2 and leave Items 3 and 4 BLANK.

**Item 5. Doing Business As (DBA).**—If the financial institution has knowledge of a separate "doing business as" name, enter it in Item 5. For example, Johnson Enterprises DBA PJ's Pizzeria.

**Item 6. Social Security Number (SSN) or Employer Identification Number (EIN).**—Enter the SSN or EIN of the person identified in Item 2. If none, write NONE.

**Items 7, 9, 10, 11 and 12. Address.**—Enter the permanent street address including zip code of the person identified in Item 2. Use the Post Office's two letter state abbreviation code. A P.O. Box should not be used by itself and may only be used if there is no street address. If a P.O. Box is used, the name of the apartment or suite number, road or route number where the person resides must also be provided. If the address is outside the U.S., provide the street address, city, province, or state, postal code (if known), and the name of the country.

**Item 8. Date of Birth.**—Enter the date of birth. Eight numerals must be inserted for each date. The first two will reflect the month of birth, the second two the calendar day of birth, and the last four numerals the year of birth. Zero (0) should precede any single digit number. For example, if an individual's birth date is April 3, 1948, Item 8 should read 04 03 1948.

**Item 13. Occupation, Profession, or Business.**—Identify fully the occupation, profession or business of the person on whose behalf the transaction(s) was conducted. For example, secretary, shoe salesman, carpenter, attorney, housewife, restaurant, liquor store, etc. Do not use non-specific terms such as merchant, self-employed, businessman, etc.

**Item 14. If an Individual, Describe Method Used To Verify.**—If an individual conducts the transaction(s) on his/her own behalf, his/her identity must be verified by examination of an acceptable document (see **General Instructions**).

For example, check box **a** if a driver's license is used to verify an individual's identity, and enter the state that issued the license and the number in items **e** and **f**. If the transaction is conducted by an individual on behalf of another individual not present or an organization, enter N/A in item 14.

**Section B. Individual(s) Conducting Transaction(s) (if other than above).**—Financial

institutions should enter as much information as is available. However, there may be instances in which Items 15-25 may be left BLANK or incomplete.

If Items 15-25 are left BLANK or incomplete, check one or more of the boxes provided to indicate the reason(s).

**Example:** If there are multiple transactions that, if only when aggregated, the financial institution has knowledge the transactions exceed the reporting threshold, and therefore, did not identify the transaction(s), check box **d** for Multiple Transactions.

**Items 15, 16, and 17. Individual(s)**

**Name.**—Complete these items if an individual conducts a transaction(s) on behalf of another person. For example, if John Doe, an employee of XYZ Grocery Store makes a deposit to the store's account, XYZ Grocery Store should be identified in Section A, and John Doe should be identified in Section B.

**Items 18, 20, 21, 22, and 23. Address.**—Enter the permanent street address including zip code of the individual. (See the instructions for Items 7, 9, 10, 11, and 12.)

**Item 19. SSN.**—If the individual has an SSN, enter it in Item 19. If the individual does not have an SSN, enter NONE.

**Item 24. Date of Birth.**—Enter the individual's date of birth. See the instructions for Item 8.

**Item 25. If an Individual, Describe Method Used To Verify.**—Enter the method by which the individual's identity is verified (see **General Instructions** and Item 14).

**PART II - Amount and Type of Transaction(s)**

Complete Part II to identify the type of transaction(s) reported and the amount(s) involved.

**Items 26 and 27. Cash In/Cash Out.**—In the spaces provided, enter the amount of currency received (Cash In) or disbursed (Cash Out) by the financial institution. If foreign currency is exchanged, use the U.S. dollar equivalent on the day of the transaction.

If less than a full dollar amount is involved, increase that figure to the next highest dollar. For example, if the currency totals \$20,000.05, show the total as \$20,001.00.

**Item 28. Date of Transaction.**—Eight numerals must be inserted for each date. (See the instructions for Item 8.)

**Determining Whether Transactions Meet the Reporting Threshold**

Only cash transactions that, if alone or when aggregated, exceed \$10,000 should be reported on the CTR. Transactions shall not be offset against one another.

If there are both Cash In and Cash Out transactions that are reportable, the amounts should be considered separately and not aggregated. However, they may be reported on a single CTR.

If there is a currency exchange, it should be aggregated separately with each of the Cash In and Cash Out totals.

**Example 1:** A person deposits \$11,000 in currency to his savings account and withdraws \$3,000 in currency from his checking account.

The CTR should be completed as follows: Cash In \$11,000 and no entry for Cash Out. This is because the \$3,000 transaction does not meet the reporting threshold.

**Example 2:** A person deposits \$11,000 in currency to his savings account and withdraws \$12,000 in currency from his checking account.

The CTR should be completed as follows: Cash In \$11,000, Cash Out \$12,000. This is because there are two reportable transactions. However, one CTR may be filed to reflect both.

**Example 3:** A person deposits \$6,000 in currency to his savings account and withdraws \$4,000 in currency from his checking account. Further, he presents \$5,000 in currency to be exchanged for the equivalent in French francs.

The CTR should be completed as follows: Cash In \$11,000 and no entry for Cash Out. This is because in determining whether the transactions are reportable, the currency exchange is aggregated with each of the Cash In and the Cash Out amounts. The result is a reportable \$11,000 Cash In transaction. The total Cash Out amount is \$9,000 which does not meet the reporting threshold; therefore, it is not entered on the CTR.

**Example 4:** A person deposits \$6,000 in currency to his savings account and withdraws \$7,000 in currency from his checking account. Further, he presents \$5,000 in currency to be exchanged for the equivalent in French francs.

The CTR should be completed as follows: Cash In \$11,000, Cash Out \$12,000. This is because in determining whether the transactions are reportable, the currency exchange is aggregated with each of the Cash In and Cash Out amounts. In this example, each of the Cash In and Cash Out totals exceed \$10,000 and must be reflected on the CTR.

**Item 29. Foreign Currency.**—If foreign currency is involved, check Item 29 and identify the country. If multiple foreign currencies are involved, identify the country for which the largest amount is exchanged.

**Items 30-33.**—Check the appropriate item(s) to identify the following type of transaction(s):

- 30. Wire Transfer(s)
- 31. Negotiable Instrument(s) Purchased
- 32. Negotiable Instrument(s) Cashed
- 33. Currency Exchange(s)

**Item 34. Deposits/Withdrawals.**—Check this item to identify deposits to or withdrawals from accounts, e.g., demand deposit accounts, savings accounts, time deposits, mutual fund accounts or any other account held at the financial institution. Enter the account number(s) in item 35.

**Item 35. Account Numbers Affected (if any).**—Enter the account numbers of any accounts affected by the transaction(s) that are maintained

at the financial institution conducting the transaction(s). If necessary, use additional sheets of paper to indicate all of the affected accounts.

**Example 1:** If a person cashes a check drawn on an account held at the financial institution, the CTR should be completed as follows: Indicate Negotiable Instrument(s) Cashed and provide the account number of the check.

If the transaction does not affect an account, make no entry.

**Example 2:** A person cashes a check drawn on another financial institution. In this instance, Negotiable Instrument(s) Cashed would be indicated, but no account at the financial institution has been affected. Therefore, item 35 should be left BLANK.

**Item 36. Other (specify).**—If a transaction is not identified in Items 30-34, check Item 36 and provide an additional description. For example, a person presents a check to purchase "foreign currency".

**Part III - Financial Institution Where Transaction(s) Takes Place****Item 37. Name of Financial Institution and Identity of Federal Regulator or BSA Examiner.**—Enter the financial institution's full

legal name and identify the federal regulator or BSA examiner, using the following codes:

| FEDERAL REGULATOR OR BSA EXAMINER            | CODE |
|----------------------------------------------|------|
| Comptroller of the Currency (OCC)            | 1    |
| Federal Deposit Insurance Corporation (FDIC) | 2    |
| Federal Reserve System (FRS)                 | 3    |
| Office of Thrift Supervision (OTS)           | 4    |
| National Credit Union Administration (NCUA)  | 5    |
| Securities and Exchange Commission (SEC)     | 6    |
| Internal Revenue Service (IRS)               | 7    |
| U.S. Postal Service (USPS)                   | 8    |

**Items 38, 40, 41, and 42. Address.**—Enter the street address, city, state, and ZIP code of the financial institution where the transaction occurred. If there are multiple transactions, provide information on the office or branch where any one of the transactions has occurred.

**Item 39. EIN or SSN.**—Enter the financial institution's EIN. If the financial institution does not have an EIN, enter the SSN of the financial institution's principal owner.

**Item 43. MICR Number.**—If a depository institution, enter the Magnetic Ink Character Recognition (MICR) number.

**Signature**

**Items 44 and 45. Title and Signature of Approving Official.**—The official who reviews and approves the CTR must indicate his/her title and sign the CTR.

**Item 46. Date the Form Was Signed.**—The approving official must enter the date the CTR is signed. (See the instructions for Item 8.)

**Item 47. Preparer's Name.**—Type or print the full name of the individual preparing the CTR. The preparer and the approving official may not necessarily be the same individual.

**Items 48 and 49. Contact Person/Telephone Number.**—Type or print the name and telephone number of an individual to contact concerning questions about the CTR.

