



Currency Transaction Report

► File a separate report for each transaction. ► Please type.
► For Paperwork Reduction Act Notice, see instructions for Form 4789.
(Complete all applicable parts—See instructions for Form 4789)

1 Check appropriate boxes if: a amends prior report, b exemption limit exceeded, c suspicious transaction.

Part I Identity of individual who conducted this transaction with the financial institution

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

3 Reason items 4–15 below are not fully completed (check all applicable boxes): a Armored car service (name) ►
b Mail deposit/shipment c Night deposit or ATM transaction d Multiple transactions (see instructions)

4 Last name 5 First name 6 Middle initial 7 Social security number

8 Address (number, street, and apt. or suite no.) 9 Occupation, profession, or business

10 City 11 State 12 ZIP code 13 Country (if not U.S.) 14 Date of birth (see instructions)

15 Method used to verify identity: a Describe identification ►
b Issued by ► c Number ►

Part II Person (see General Instructions) on whose behalf this transaction was conducted

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

17 This person is an: individual or organization 18 If trust, escrow, brokerage, or other 3rd party account, see instructions and check here . ►

19 Individual's last name or Organization's name 20 First name 21 Middle initial 22 Social security number

23 Alien identification: a Describe identification ► Employer identification number
b Issued by ► c Number ►

24 Address (number, street, and apt. or suite no.) 25 Occupation, profession, or business

26 City 27 State 28 ZIP code 29 Country (if not U.S.) 30 Date of birth (see instructions)

Part III Types of accounts and numbers affected by transaction (If more than one of the same type, use additional spaces provided below)

31 s Savings ► t Securities ► h CD/Money market ►
c Checking ► l Loan ► o Other (specify) ►

Part IV Type of transaction. Check applicable boxes to describe transaction

32 E Currency exchange (currency for currency)

33 CASH IN: F CD/Money market purchased 34 CASH OUT: R CD/Money market redeemed
D Deposit H For wire transfer C Check cashed U From wire transfer
G Security purchased A Receipt from abroad T Security redeemed B Shipment abroad
P Check purchased K Other (specify) ► W Withdrawal Y Other (specify) ►

35 Total amount of currency transaction (in U.S. dollar equivalent) (always round up) 36 Amount in Item 35 in U.S. \$100 bills or higher 37 Date of transaction (see instructions)

Cash in \$00 Cash in \$00
Cash out \$00 Cash out \$00 Unknown

38 If other than U.S. currency is involved, please furnish the following information: a Exchange made for or from U.S. currency
b Country c Amount of currency (in U.S. dollar equivalent) \$00
b Country c Amount of currency (in U.S. dollar equivalent) \$00

39 If a negotiable instrument or wire transfer was involved in this transaction, please furnish the following information and check this box (see instructions) . ►
a Number of negotiable instruments involved c Total amount of all negotiable instruments and all wire transfers
b Number of wire transfers involved (in U.S. dollar equivalent) ► \$00

Part V Financial institution where transaction took place

40 a Bank (enter code number from instructions here) ► []
b Savings and loan association c Credit union d Securities broker/dealer e Other (specify) ►

41 Name of financial institution 42 Address where the transaction occurred (see instructions) 43 Employer identification number

44 City 45 State 46 ZIP code 47 MICR number Social security number

48 If this is a multiple transaction, please indicate: a Number of transactions ► c ZIP codes ►
b Number of branches ►

49 Signature (preparer) 50 Title 51 Date

52 Preparer's name 53 Approving official (signature) 54 Date 55 Telephone number ()

Sign Here ►

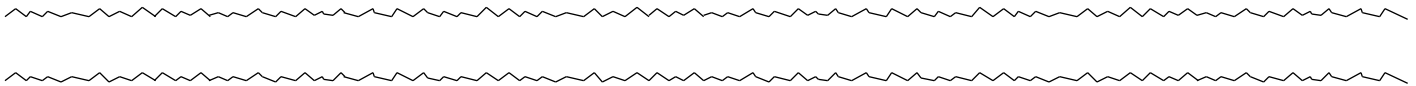
Multiple Transactions

(Complete applicable parts below if box 2 or 16 on page 1 is checked)

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

4 Last name	5 First name	6 Middle initial	7 Social security number : : : : : : : : :
8 Address (number, street, and apt. or suite no.)		9 Occupation, profession, or business	
10 City	11 State : : : : : :	12 ZIP code : : : : : : : : : : : :	13 Country (if not U.S.)
14 Date of birth (see instructions) : : : : : : : : : : : :			
15 Method used to verify identity: a Describe identification ▶ b Issued by ▶ c Number ▶			

4 Last name	5 First name	6 Middle initial	7 Social security number : : : : : : : : :
8 Address (number, street, and apt. or suite no.)		9 Occupation, profession, or business	
10 City	11 State : : : : : :	12 ZIP code : : : : : : : : : : : :	13 Country (if not U.S.)
14 Date of birth (see instructions) : : : : : : : : : : : :			
15 Method used to verify identity: a Describe identification ▶ b Issued by ▶ c Number ▶			



Part II Continued—Complete if box 16 on page 1 is checked

17 This person is an: <input type="checkbox"/> individual or <input type="checkbox"/> organization		18 If trust, escrow, brokerage, or other 3rd party account, see instructions and check here. ▶ <input type="checkbox"/>	
19 Individual's last name or Organization's name	20 First name	21 Middle initial	22 Social security number : : : : : : : : :
23 Alien identification: a Describe identification ▶ b Issued by ▶ c Number ▶		Employer identification number : : : : : : : : : : : :	
24 Address (number, street, and apt. or suite no.)		25 Occupation, profession, or business	
26 City	27 State : : : : : :	28 ZIP code : : : : : : : : : : : :	29 Country (if not U.S.)
30 Date of birth (see instructions) : : : : : : : : : : : :			

17 This person is an: <input type="checkbox"/> individual or <input type="checkbox"/> organization		18 If trust, escrow, brokerage, or other 3rd party account, see instructions and check here. ▶ <input type="checkbox"/>	
19 Individual's last name or Organization's name	20 First name	21 Middle initial	22 Social security number : : : : : : : : :
23 Alien identification: a Describe identification ▶ b Issued by ▶ c Number ▶		Employer identification number : : : : : : : : : : : :	
24 Address (number, street, and apt. or suite no.)		25 Occupation, profession, or business	
26 City	27 State : : : : : :	28 ZIP code : : : : : : : : : : : :	29 Country (if not U.S.)
30 Date of birth (see instructions) : : : : : : : : : : : :			