

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

See instructions for definition of cash.

Use this form for transactions occurring after December 31, 2023. Do not use prior versions after this date.  
For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

1 Check appropriate box(es) if:		a <input type="checkbox"/> Amends prior report;	b <input type="checkbox"/> Suspicious transaction.																					
<b>Part I Identity of Individual From Whom the Cash Was Received</b>																								
2 If more than one individual is involved, check here and see instructions . . . . . <input type="checkbox"/>																								
3 Last name		4 First name	5 M.I.																					
			:																					
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																					
		:																						
14 Identifying document (ID)		a Describe ID	b Issued by																					
		c Number																						
<b>Part II Person on Whose Behalf This Transaction Was Conducted</b>																								
15 If this transaction was conducted on behalf of more than one person, check here and see instructions . . . . . <input type="checkbox"/>																								
16 Individual's last name or organization's name		17 First name	18 M.I.																					
			:																					
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	b Issued by																					
		c Number																						
<b>Part III Description of Transaction and Method of Payment</b>																								
28 Date cash received <table style="margin-left: 20px; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td></tr></table>		M	M	D	D	Y	Y	Y	Y	:	:	:	:	:	:	:	:	29 Total cash received <table style="margin-left: 20px; border-collapse: collapse;"><tr><td>\$</td><td>.00</td></tr></table>	\$	.00	30 If cash was received in more than one payment, check here . . . . . <input type="checkbox"/>	31 Total price if different from item 29 <table style="margin-left: 20px; border-collapse: collapse;"><tr><td>\$</td><td>.00</td></tr></table>	\$	.00
M	M	D	D	Y	Y	Y	Y																	
:	:	:	:	:	:	:	:																	
\$	.00																							
\$	.00																							
32 Amount of cash received (in U.S. dollar equivalent) (must equal item 29) (see instructions): <table style="margin-left: 20px; border-collapse: collapse;"><tr><td>a U.S. currency</td><td>\$ .00</td><td>(Amount in \$100 bills or higher \$ .00 )</td></tr><tr><td>b Foreign currency</td><td>\$ .00</td><td>(Country _____)</td></tr><tr><td>c Cashier's check(s)</td><td>\$ .00</td><td rowspan="4">Issuer's name(s) and serial number(s) of the monetary instrument(s) -----</td></tr><tr><td>d Money order(s)</td><td>\$ .00</td></tr><tr><td>e Bank draft(s)</td><td>\$ .00</td></tr><tr><td>f Traveler's check(s)</td><td>\$ .00</td></tr></table>				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						
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 <table style="margin-left: 20px; border-collapse: collapse;"><tr><td>a <input type="checkbox"/> Personal property purchased</td><td>f <input type="checkbox"/> Debt obligations paid</td></tr><tr><td>b <input type="checkbox"/> Real property purchased</td><td>g <input type="checkbox"/> Exchange of cash</td></tr><tr><td>c <input type="checkbox"/> Personal services provided</td><td>h <input type="checkbox"/> Escrow or trust funds</td></tr><tr><td>d <input type="checkbox"/> Business services provided</td><td>i <input type="checkbox"/> Bail received by court clerks</td></tr><tr><td>e <input type="checkbox"/> Intangible property purchased</td><td>j <input type="checkbox"/> Other (specify in item 34) -----</td></tr></table>		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) -----	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) -----																							
<b>Part IV Business That Received Cash</b>																								
35 Name of business that received cash				36 Employer identification number <table style="margin-left: 20px; border-collapse: collapse;"><tr><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td></tr></table>	:	:	:	:	:	:	:													
:	:	:	:	:	:	:																		
37 Address (number, street, and apt. or suite no.)				Social security number <table style="margin-left: 20px; border-collapse: collapse;"><tr><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td></tr></table>	:	:	:	:	:	:	:													
:	:	:	:	:	:	:																		
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 <table style="margin-left: 20px; border-collapse: collapse;"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td><td>:</td></tr></table>	M	M	D	D	Y	Y	Y	Y	:	:	:	:	:	:	:	:	44 Type or print name of contact person	45 Contact telephone number
M	M	D	D	Y	Y	Y	Y											
:	:	:	:	:	:	:	:											

**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**

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
9 City		10 State	11 ZIP code	12 Country (if not U.S.)	13 Occupation, profession, or business							
		:										
14 Identifying document (ID)	a Describe ID _____ c Number _____			b Issued by _____								
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
9 City		10 State	11 ZIP code	12 Country (if not U.S.)	13 Occupation, profession, or business							
		:										
14 Identifying document (ID)	a Describe ID _____ c Number _____			b Issued by _____								

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

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 _____								
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 _____								

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