## TD F 90-22.1

(Rev. January 2012) Department of the Treasury

Do not use previous editions of

## REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

OMB No. 1545-2038								
	1 This Report is for Calendar							
Ye	ar Ende	d 12/3	1					
2	0	Í	1					
			—					
Amended $\square$								

Par	t Filer Information				
2	Type of Filer				
а	Individual <b>b</b> Partnership	c Corporation d	Consolidated e Fiduciary or	Other—Enter type	10777
3	U.S. Taxpayer Identification Number	4 Foreign identification (0	Complete only if item 3 is not applicable	.)	5 Individual's Date of Birth
	76-80-0726	MM/DD/YYYY			
<i>t</i> f filer	has no U.S. Identification	a Type: L Passport	Other		05/10/1978
Numb	er complete Item 4.	<b>b</b> Number	c Country of Issue		
6	Last Name or Organization Name		7 First Name		8 Middle Initial
	GHUBDDE		WILESH	м	
9	Address (Number, Street, and Apt. or	Suite No.)	1 , ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	21 WOOD ACRE	es drive			
10	City	11 State	12 Zip/Postal Code	13 Country	
Ŋ	ORTH BRUNSWICK	NJ	08902	USA	
14	Does the filer have a financial interest	in 25 or more financial accou	ints?		
	Yes If "Yes" enter total number	of accounts			
	(If "Yes" is checked, do not complete	te Part II or Part III, but reta	in records of this information)		
	No				
Par		Account(s) Owned S	eparately		
15			oppra ) 16 Type of account a B	ank <b>b</b> Securities	c Other-Enter type below
	Rs 4,45,449/-	ON 19 DEC20	II NRE Savi	ngs acct	
17	Name of Financial Institution in which	account is held		J	
	ICICI Bank				
18	Account number or other designation	,	mber, Street, Suite Number) of financial		
0	03501079605	Glen Morgo 21 State, if known	an Blog, Veer Sava 22 Zip/Postal Code, if known	ukar mar	g, Panchpakdi
20	City		22 Zip/Postal Code, if knowr	23 Country	,
	Thane (West)	Moharashli	a 400602	I India	<u></u>
	nature	T 48			40 Data (444/DD00000
44	Filer Signature	45 Filer Title, if not repo	rting a personal account		46 Date (MM/DD/YYYY)
	imely.				06/26/2012

## File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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 (formerly 31 CFR 103.24). 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 TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

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, 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 (formerly 31 CFR 103.24). 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 75 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 Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Part II Continued—Information on Financial Account(s) Owned Separately					Form TD F 90-22.1		
Complete a Separate Block for Each Account Owned Separately						Page Number	
This side can be copied as many times as necessary in order to provide information on all accounts. $\frac{2}{2} = \frac{8}{8}$							
1		opropriate Identification Number	6	Last Name or Organization	Name		
_		ayer Identification Number		_			
×	P D I Forei	gn Identification Number		GHUBADE	5		
	Enter ide	ntification number here:					
	176 -	80-0726					
15	Maximum value of account during cale		16	<del>-</del> .		Other—Enter type below	
		ON ISAPR 2011		NRE Sayi	gs. acct		
17	Name of Financial Institution in which a	iccount is neid Z InLia ,	,	Thane mai	n Branch		
18	Account number or other designation	19 Mailing Address (Number, S	Street	, Suite Number) of financial in	stitution in which account	is held	
	30544105241	AGYARI CLO	ያሪ	lang, Ten	bi Naka		
20	City	21 State, if known	22	Zip/Postal Code, if known	23 Country		
15	Thore CS est  Maximum value of account during cale	Mahanasalta		400601	India.	Other Enterture helen	
is R		on 31 Dec 2011)	1	DomES72C	PIXED Dep		
17	Name of Financial Institution in which a	ccount is held		14			
	SBJ CS+o-le E	Bank of India	<u>ر پ</u>	, Thane	main P	Banh	
18						is held	
20	0 00030564281510 City	Aggari (e 21 State, It known	22	Lano, Ten Zip/Postal Code, if known	whi Naka.		
	heine west	Maharashla		400601	9 ndi	a	
15	Maximum value of account during cale	ndar year reported \$ 2300 approx		Type of account a 🖊 Bar	nk b Securities c	Other—Enter type below	
K	s 1,24,571 (on			Domestic Fr	and Deposit		
17	Name of Financial Institution in which a		-1	Tana Cuari	D- 3-1		
18	LBI (State Ba Account number or other designation	19 Mailing Address (Number, 8	Street	, Suite Number) of financial in	stitution in which account	is held	
0000	00030564280968	Agyan Ceve	i	lane, temb	, Nation		
20	City	21 State, if known	22	Zip/Postal Code, if known			
15	Than wut  Maximum value of account during cale	Manazahlen	16	40060/ Type of account a Bar	India.	Other Ester tipe below	
15	Maximum value of account during cale	nual year reported	10	Type of account a bai	ik b [ ] Securities C [	Other —Enter type below	
17	Name of Financial Institution in which a	ccount is held	1				
		Г '- :		AND THE PARTY OF T		· · · · · · · · · · · · · · · · · · ·	
18	Account number or other designation	19 Mailing Address (Number, S	Street	, Suite Number) of financial in	stitution in which account	is held	
20	City	21 State, if known	22	Zip/Postal Code, if known	23 Country		
					,		
15	Maximum value of account during cale	ndar year reported	16	Type of account a Bar	nk <b>b</b> Securities <b>c</b> [	Other—Enter type below	
17	Name of Financial Institution in which a	ccount is held	<u> </u>				
"	Name of Financial institution in which a	CCOURT IS HEID					
18	Account number or other designation	19 Mailing Address (Number, S	Street	, Suite Number) of financial in	stitution in which account	is held	
			r			The state of the s	
20	City	21 State, if known	22	Zip/Postal Code, if known	23 Country		
15	Maximum value of account during cale	ndar year reported	16	Type of account a Bar	l nk b Securities c∫	Other—Enter type below	
17	Name of Financial Institution in which a	ccount is held					
18	Account number or other designation	19 Mailing Address (Number, S	Street	Suite Number) of financial in	etitution in which cooc	ie hold	
10	Account number of other designation	19 Maning Address (Number, 5	ou eet,	, Suite Number) of Imancial in	Surgion in which account	is rielu	
20	City	21 State, if known	22	Zip/Postal Code, if known	23 Country		

Part	III Information on Financ	ial Account(s) Owned J	ointly		Form TD F 90-22.1
Com	plete a Separate Block for		Page Number		
This sic	le can be copied as many times as nece	ssary in order to provide informatio	on on all accounts.	<u>25_</u> of <u></u>	
1	•   -	ppropriate Identification Number	6 Last Name or Organization	Name	
_	year Taxp	ayer Identification Number			
2	_ <u>0                                   </u>	gn Identification Number	GHUBADE		
	Enter ide	entification number here:			
	176	-80-0726			
15	Maximum value of account during cale	endar year reported	16 Type of account a Ba	nk <b>b</b> Securities <b>c</b>	Other-Enter type below
R	Name of Financial Institution in which a SBZ (Sfale Band Account number or other designation	11 NOV 11) ( \$ 35708	Domestic Sau	vings acct	
17	Name of Financial Institution in which a	account is held	7/ / - >	, , , , , , , , , , , , , , , , , , , ,	enature withd
18	Account number or other designation	19 Mailing Address (Number :	Street Suite Number) of financial in	estitution in which account is	sheld of fixed of
000	200011100676959	Agraei Cross	lane. Tembi	Naka	3 Hold
20	City  Chane (2008+)  Number of joint owners for this account	21 State, if known	22 Zip/Postal Code, if known	23 Country	
	Thane (west)	Maharashtra	400601	INDIA	
24	Number of joint owners for this account	25 Taxpayer Identification Nur	mber of principal joint owner, if known	wn. See instructions.	
26	Last Name or Organization Name of pr	incipal joint owner	90 -0 126	owner if known	28 Middle initial, if known
20	GHURADE	inoparjoint owner	NILESU	. Owner, ir KHOWII	A A
29	GHUBPDE Address (Number, Street, Suite or Apa				
	21 WOOD A	res dr			hi-
30	City, if known	31 State, if known	32 Zip/Postal Code, if known	33 Country, if known	
15	21 WOOD AC City, if known OLTH BLUNSWKU Maximum value of account during cale	ndar year reported	32 Zip/Postal Code, if known 06-70-2 16 Type of account a Ba	nk h Securities of	Other—Enter type helow
	Manimum raise of assessing daring said	nda you roportod	Type or account a Bu	and b Coounties o L	_ outer Enter type below
17	Name of Financial Institution in which a	account is held	4		
18	Account number or other designation	19 Mailing Address (Number, S	Street, Suite Number) of financial in	stitution in which account is	s held
20	City	21 State, if known	22 Zip/Postal Code, if known	23 Country	
	•			,	
24	Number of joint owners for this account	25 Taxpayer Identification Nun	nber of principal joint owner, if know	wn. See instructions.	
			T		
26	Last Name or Organization Name of pr	incipal joint owner	27 First Name of principal joint	owner, if known	28 Middle initial, if known
29	Address (Number, Street, Suite or Apar	rtment) of principal joint owner, if k	nown		
	, , , , , ,				
30	City, if known	31 State, if known	32 Zip/Postal Code, if known	33 Country, if known	
15	Maximum value of account during cale	ndar year reported	16 Type of account a Bar	nk <b>b</b> Securities <b>c</b>	Other—Enter type below
17	Name of Financial Institution in which a	account is held			
18	Account number or other designation	19 Mailing Address (Number, S	Street, Suite Number) of financial in	stitution in which account is	s held
	O.U.		Г <i></i>		
20	City	21 State, if known	22 Zip/Postal Code, if known	23 Country	
24	Number of joint owners for this account	25 Taxpayer Identification Nun	hber of principal joint owner, if knowner	vn. See instructions	
	,				
26	Last Name or Organization Name of pri	incipal joint owner	27 First Name of principal joint	owner, if known	28 Middle initial, if known
		manana ana pinggan ay kanada da manana			
29	Address (Number, Street, Suite or Apar	tment) of principal joint owner, if k	nown		
30	City, if known	31 State, if known	32 Zip/Postal Code, if known	33 Country, if known	
30	Oity, it Known	G: Glate, il KilOWII	JE ZIP/FOSIAI CODE, II KNOWN	So Country, II Known	

Part	art IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)						Form TD F 90-22.1 Page Number			
Com	plete a Separate									of
his sic	le can be copied as many	times as neces	sary in order to	provide information	on al	I accounts.				
1	Filing for calendar year	3-4 Check ap		tification Number on Number n Number		Last Name or Organ	nization	Name		
									10 11	College False base balance
15	Maximum value of acco	ount during cale	ndar year repo	rted	16	Type of account a	a 💹 Ba	nk <b>b</b> [	Securities c	C Other—Enter type below
17	Name of Financial Insti	tution in which a	ccount is held							
18	Account number or oth	er designation	19 Mailing	Address (Number, S	treet,	Suite Number) of fina	ancial in	stitutior	n in which accour	nt is held
20	City		21 State, i	f known	22	Zip/Postal Code, if	known	23	Country	
34	Last Name or Organizati	on Name of Acco	ount Owner					35	Taxpayer Identific	ation Number of Account Owner
36	First Name			37 Middle initial	38	Address (Number, S	Street, a	nd Apt.	or Suite No.)	A CONTRACTOR OF THE CONTRACTOR
39	City		40 State		41	Zip/Postal Code		42	Country	
43	Filer's Title with this Own	er						l		
15	Maximum value of acc	ount during cale	ndar year repo	orted	16	Type of account	a 🔲 Ba	nk <b>b</b>	Securities	Other—Enter type below
17	Name of Financial Insti	tution in which a	account is held							
18	Account number or ot	her designation	19 Mailing	Address (Number, S	Street,	Suite Number) of fin	nancial ir	stitutio	n in which accou	nt is held
20	City		21 State, i	if known	22	Zip/Postal Code, if	known	23 Country		
34	Last Name or Organizat	ion Name of Acc	ount Owner		I			35	Taxpayer Identific	cation Number of Account Owner
36	First Name			37 Middle initial	38	Address (Number,	Street, a	ind Apt	. or Suite No.)	
39	City		40 State	<u> </u>	41	Zip/Postal Code		42 Country		
43	Filer's Title with this Own	ner						<u> </u>		
15	Maximum value of acc	ount during cale	endar year repo	orted	16	Type of account	а 🗌 Ва	ınk <b>b</b>	Securities	c Other-Enter type below
17	Name of Financial Inst	itution in which	account is held	3	L					
18	Account number or o	ther designation	19 Mailing	g Address (Number, S	Street	, Suite Number) of fir	nancial i	nstitutio	on in which accou	ınt is held
20	City		21 State, if known			Zip/Postal Code, if	f known	n 23 Country		
34	Last Name or Organiza	tion Name of Acc	count Owner		L			35	Taxpayer Identific	cation Number of Account Owne
36	First Name			37 Middle initial	38	Address (Number,	Street,	and Apt	t. or Suite No.)	
39	City		40 State		41	Zip/Postal Code		42	Country	
43	Filer's Title with this Own	ner			<u> </u>			1		