

TD F 90-22.1(Rev. October 2008)
Department of the TreasuryDo not use previous editions of
this form after
December 31, 2008**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
Year Ended 12/31Amended ☐**Part I Filer Information****2** Type of Filera ☐ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or Other — Enter type _____**3** U.S. Taxpayer Identification NumberIf filer has no U.S. Identification
Number complete Item 4.**4** Foreign identification (Complete only if item 3 is not applicable.)a Type: ☐ Passport ☐ Other _____

b Number _____ c Country of Issue _____

5 Individual's Date of Birth
MM/DD/YYYY**6** Last Name or Organization Name**7** First Name**8** Middle Initial**9** Address (Number, Street, and Apt. or Suite No.)**10** City**11** State**12** Zip/Postal Code**13** Country

Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

☐ No**Part II Information on Financial Account(s) Owned Separately****15** Maximum value of account during calendar year reported**16** Type of account a ☐ Bank b ☐ Securities c ☐ Other—Enter type below**17** Name of Financial Institution in which account is held**18** Account number or other designation**19** Mailing Address (Number, Street, Suite Number) of financial institution in which account is held**20** City**21** State, if known**22** Zip/Postal Code, if known**23** Country**Signature****44** Filer Signature**45** Filer Title, if not reporting a personal account**46** Date (MM/DD/YYYY)

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 103). 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 103.

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 103. 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 20 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

____ of ____

1 Filing for calendar year _____	3-4 Check appropriate Identification Number <input type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here:	6 Last Name or Organization Name	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution 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 calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution 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 calendar year reported		16 Type of account a <input type="checkbox"/> Bank <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution 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 calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution 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 calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution 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 calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution 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 calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution 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 calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below	
17 Name of Financial Institution in which account is held			

Part III Information on Financial Account(s) Owned Jointly

Form TD F 90-22.1

Complete a Separate Block for Each Account Owned Jointly

Page Number

____ of ____

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year _____	3-4 Check appropriate Identification Number <input type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here _____	6 Last Name or Organization Name _____	
15 Maximum value of account during calendar year reported _____		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of Financial Institution in which account is held _____			
18 Account number or other designation _____		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is 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 Number of principal joint owner, if known. See instructions _____	
26 Last Name or Organization Name of principal joint owner _____		27 First Name of principal joint owner, if known _____	28 Middle initial, if known _____
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known _____			
30 City, if known _____	31 State, if known _____	32 Zip/Postal Code, if known _____	33 Country, if known _____
15 Maximum value of account during calendar year reported _____		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of Financial Institution in which account is held _____			
18 Account number or other designation _____		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is 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 Number of principal joint owner, if known. See instructions _____	
26 Last Name or Organization Name of principal joint owner _____		27 First Name of principal joint owner, if known _____	28 Middle initial, if known _____
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known _____			
30 City, if known _____	31 State, if known _____	32 Zip/Postal Code, if known _____	33 Country, if known _____
15 Maximum value of account during calendar year reported _____		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of Financial Institution in which account is held _____			
18 Account number or other designation _____		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is 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 Number of principal joint owner, if known. See instructions _____	
26 Last Name or Organization Name of principal joint owner _____		27 First Name of principal joint owner, if known _____	28 Middle initial, if known _____
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known _____			
30 City, if known _____	31 State, if known _____	32 Zip/Postal Code, if known _____	33 Country, if known _____
15 Maximum value of account during calendar year reported _____		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____	
17 Name of Financial Institution in which account is held _____			
18 Account number or other designation _____		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is 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 Number of principal joint owner, if known. See instructions _____	
26 Last Name or Organization Name of principal joint owner _____		27 First Name of principal joint owner, if known _____	28 Middle initial, if known _____
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known _____			
30 City, if known _____	31 State, if known _____	32 Zip/Postal Code, if known _____	33 Country, if known _____

Part IV Information on Financial Account(s) Where Filer has Signature or Other Authority but No Financial Interest in the Account(s)				Form TD F 90-22.1 Page Number _____ of _____	
Complete a Separate Block for Each Account This side can be copied as many times as necessary in order to provide information on all accounts.					
1 Filing for calendar year _____		Check appropriate Identification Number <input type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here		6 Last Name or Organization Name	
15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 Zip/Postal Code, if known	
23 Country					
34 Last Name or Organization Name of Account Owner				35 Taxpayer Identification Number of Account Owner	
36 First Name		37 Middle initial		38 Address (Number, Street, and Apt. or Suite No.)	
39 City		40 State		41 Zip/Postal Code	
42 Country					
43 Filer's Title with this Owner					

15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 Zip/Postal Code, if known	
23 Country					
34 Last Name or Organization Name of Account Owner				35 Taxpayer Identification Number of Account Owner	
36 First Name		37 Middle initial		38 Address (Number, Street, and Apt. or Suite No.)	
39 City		40 State		41 Zip/Postal Code	
42 Country					
43 Filer's Title with this Owner					

15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 Zip/Postal Code, if known	
23 Country					
34 Last Name or Organization Name of Account Owner				35 Taxpayer Identification Number of Account Owner	
36 First Name		37 Middle initial		38 Address (Number, Street, and Apt. or Suite No.)	
39 City		40 State		41 Zip/Postal Code	
42 Country					
43 Filer's Title with this Owner					

15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below		
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 Zip/Postal Code, if known	
23 Country					
34 Last Name or Organization Name of Account Owner				35 Taxpayer Identification Number of Account Owner	
36 First Name		37 Middle initial		38 Address (Number, Street, and Apt. or Suite No.)	
39 City		40 State		41 Zip/Postal Code	
42 Country					
43 Filer's Title with this Owner					

Part V Information on Financial Account(s) Where Corporate Filer Is Filing a Consolidated Report				Form TD F 90-22.1 Page Number _____ of _____	
Complete a Separate Block for Each Account This side can be copied as many times as necessary in order to provide information on all accounts.					
1 Filing for calendar year _____		3-4 Check appropriate Identification Number <input type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: _____		6 Last Name or Organization Name _____	
15 Maximum value of account during calendar year reported _____			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____		
17 Name of Financial Institution in which account is held _____					
18 Account number or other designation _____		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held _____			
20 City _____		21 State, if known _____		22 Zip/Postal Code, if known _____	
23 Country _____		34 Corporate Name of Account Owner _____			
35 Taxpayer Identification Number of Account Owner _____					
38 Address (Number, Street, and Apt. or Suite No.) _____					
39 City _____		40 State _____		41 Zip/Postal Code _____	
42 Country _____		15 Maximum value of account during calendar year reported _____			
16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____					
17 Name of Financial Institution in which account is held _____					
18 Account number or other designation _____		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held _____			
20 City _____		21 State, if known _____		22 Zip/Postal Code, if known _____	
23 Country _____		34 Corporate Name of Account Owner _____			
35 Taxpayer Identification Number of Account Owner _____					
38 Address (Number, Street, and Apt. or Suite No.) _____					
39 City _____		40 State _____		41 Zip/Postal Code _____	
42 Country _____		15 Maximum value of account during calendar year reported _____			
16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____					
17 Name of Financial Institution in which account is held _____					
18 Account number or other designation _____		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held _____			
20 City _____		21 State, if known _____		22 Zip/Postal Code, if known _____	
23 Country _____		34 Corporate Name of Account Owner _____			
35 Taxpayer Identification Number of Account Owner _____					
38 Address (Number, Street, and Apt. or Suite No.) _____					
39 City _____		40 State _____		41 Zip/Postal Code _____	
42 Country _____		15 Maximum value of account during calendar year reported _____			
16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other—Enter type below _____					
17 Name of Financial Institution in which account is held _____					