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IRS Form 8300 (Rev. July 2012) OMB No. 1545-0892 Department of the Treasury Internal Revenue Service	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 July 8, 2012. Do not use prior versions after this date. For Privacy Act and Paperwork Reduction Act Notice, see the last page.	FinCEN Form 8300 (Rev. July 2012) OMB No. 1508-0018 Department of the Treasury Financial Crimes Enforcement Network
1 Check appropriate box(es) if: a <input type="checkbox"/> Amends prior report; b <input type="checkbox"/> Suspicious transaction.		
Part I Identity of Individual From Whom the Cash Was Received		
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.)		6 Taxpayer identification number
9 City	10 State	11 ZIP code
		12 Country (if not U.S.)
14 Identifying document (ID)		13 Occupation, profession, or business
a Describe ID ▶		b Issued by ▶
c Number ▶		
Part II Person on Whose Behalf This Transaction Was Conducted		
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)		19 Taxpayer identification number
		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)		28 Issued by ▶
a Describe ID ▶		
c Number ▶		
Part III Description of Transaction and Method of Payment		
28 Date cash received	29 Total cash received	30 If cash was received in more than one payment, check here <input type="checkbox"/>
M M D D Y Y Y Y	\$.00	31 Total price if different from item 29
		\$.00
32 Amount of cash received (in U.S. dollar equivalent) (must equal item 29) (see instructions):		
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		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) ▶	
Part IV Business That Received Cash		
35 Name of business that received cash		36 Employer identification number
37 Address (number, street, and apt. or suite no.)		Social security number
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	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

Form section for Part I, entry 1. Includes fields for last name, first name, M.I., taxpayer ID, address, date of birth, city, state, ZIP code, country, occupation, and identifying document details.

Form section for Part I, entry 2. Includes fields for last name, first name, M.I., taxpayer ID, address, date of birth, city, state, ZIP code, country, occupation, and identifying document details.

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

Form section for Part II, entry 1. Includes fields for individual/organization name, first name, M.I., taxpayer ID, DBA name, employer ID, address, city, state, ZIP code, country, occupation, and alien ID details.

Form section for Part II, entry 2. Includes fields for individual/organization name, first name, M.I., taxpayer ID, DBA name, employer ID, address, city, state, ZIP code, country, occupation, and alien ID details.

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