

FinCEN Geographic Targeting Order Information Transmittal Worksheet

(Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued ID that will be submitted.)

SETTLEMENT AGENT INFORMATION (i.e. Law Firm, Escrow Company, etc.)

Settlement Agent Entity Name First Name	Settlement Agent Individual's Name Date of birth Country of Address (if not U.S.)		
Address	City	State	Zip
Phone Number	E-Mail Address Alien ID number		
I declare that to the best of my knowledge the information I have furnished is true, correct, and complete.			
Signature	Date		

REPORTING IS NOT REQUIRED UNDER THE FinCEN GEOGRAPHIC TARGETING ORDER - REASON

Reporting is not required because:

INDIVIDUAL PRIMARILY REPRESENTING PURCHASER (Defined as the individual authorized by the entity to enter into legally binding contracts.)

<input type="checkbox"/> Legible copy of government issued identification (i.e. passport, driver's license, etc.)					
Taxpayer Identification Number (if none check none)	<input type="checkbox"/> None	Occupation			
Last Name	First Name	M.I.	Date of birth	Country of Address (if not U.S.)	
If address or ID information is not shown (or is not legible) on the government issued identification, please complete below					
Address			City	State	Zip
Alien identification description		Alien ID Issued by		Alien ID number	

PURCHASING ENTITY'S NAME & ADDRESS

Taxpayer Identification Number (if none check none)	<input type="checkbox"/> None	Type of Legal Entity <input type="checkbox"/> Ltd. Liability Co., <input type="checkbox"/> Corporation, <input type="checkbox"/> Partnership, <input type="checkbox"/> Other			
Name of purchasing entity Country of Address (if not U.S.)					
Doing business as (DBA) name				Country of Address (if not U.S.)	
Address			City	State	Zip

DATE OF CLOSING – AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS – PURCHASE PRICE

Date of Closing	Total Amt. Paid by below instruments \$	Paid in more than 1 payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Purchase Price \$
Amount of Monetary Instrument (in U.S. dollar equivalent)			
U.S. currency \$	Amt. in \$100 bills or higher \$		
Foreign currency \$	Country:		
	Issuer's name(s)	Serial number(s) ¹	
Cashier's check(s) \$			
Money order(s) \$			
Certified check(s) \$			
Traveler's check(s) \$			
Business check(s) \$			
Personal check(s) \$			

¹ For Business Checks or Personal Checks enter the account number and check number.

PROPERTY ADDRESS

Address	City	State	Zip
County	Block & Lot Number (NY only)		

NAMES OF "BENEFICIAL OWNERS" (AS DEFINED) & NAMES OF ALL MEMBERS OF LIMITED LIABILITY COMPANIES

1. For Corporations, Partnerships or Similar Business Entities each INDIVIDUAL who, directly or indirectly, owns 25% or more of the equity interests of the Purchaser must be listed below.
2. For Limited Liability Companies all members must be listed below.

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If there are more names to enter complete pages 2 and 3 of an additional worksheet or photocopy this sheet.