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Decided: January 5, 2006.

By the Board, David M. Konschnik,  
Director, Office of Proceedings.

**Vernon A. Williams,**  
Secretary.

[FR Doc. E6-142 Filed 1-10-06; 8:45 am]

BILLING CODE 4915-01-P

## DEPARTMENT OF THE TREASURY

### Financial Crimes Enforcement Network; Proposed Collection; Comment Request; Currency Transaction Report by Casinos

**AGENCY:** Financial Crimes Enforcement Network.

**ACTION:** Notice and request for comments.

**SUMMARY:** As part of our continuing effort to reduce paperwork and respondent burden, we invite comment on a proposed extension, without change, of an existing information collection requirement contained in the form, "Currency Transaction Report by Casinos, Financial Crimes Enforcement Network Form 103." This request for comments is being made pursuant to the Paperwork Reduction Act of 1995, Public Law 104-13, 44 U.S.C. 3506(c)(2)(A).

**DATES:** Written comments are welcome and must be received on or before March 13, 2006.

**ADDRESSES:** Written comments should be submitted to: The Financial Crimes Enforcement Network, Department of the Treasury, Post Office Box 39, Vienna, Virginia 22183, Attention: Paperwork Reduction Act Comments—Currency Transaction Report by Casinos Form. Comments also may be submitted by electronic mail to the following Internet address: [regcomments@fincen.treas.gov](mailto:regcomments@fincen.treas.gov), again with a caption, in the body of the text, "Attention: Paperwork Reduction Act Comments—Currency Transaction Report by Casinos Form."

**Inspection of comments.** Comments may be inspected, between 10 a.m. and 4 p.m., in the Financial Crimes Enforcement Network reading room in Washington, D.C. Persons wishing to inspect the comments submitted must request an appointment by telephoning (202) 354-6400.

**FOR FURTHER INFORMATION CONTACT:** Regulatory Policy and Programs Division at (800) 949-2732.

**SUPPLEMENTARY INFORMATION:** Title: Currency Transaction Report by Casinos.

OMB Number: 1506-0005.

Form Number: Financial Crimes Enforcement Network Form 103.

**Abstract:** The statute generally referred to as the "Bank Secrecy Act," Titles I and II of Public Law 91-508, as amended, codified at 12 U.S.C. 1829b, 12 U.S.C. 1951-1959, and 31 U.S.C. 5311-5332, authorizes the Secretary of the Treasury inter alia to require financial institutions to keep records and file reports that are determined to have a high degree of usefulness in criminal, tax, and regulatory matters, or in the conduct of intelligence or counter-intelligence activities, to protect against international terrorism, and to implement counter-money laundering programs and compliance procedures.<sup>1</sup> Regulations implementing Title II of the Bank Secrecy Act appear at 31 CFR part 103. The authority of the Secretary of the Treasury to administer the Bank Secrecy Act has been delegated to the Director of the Financial Crimes Enforcement Network.

Section 5313(a) authorizes the Secretary of the Treasury to issue regulations that require a report when "a domestic financial institution is involved in a transaction for the payment, receipt, or transfer of United States [sic] coins or currency (or other monetary instruments the Secretary of the Treasury prescribes), in an amount, denomination, or amount and denomination, or under circumstances the Secretary prescribes." Regulations implementing section 5313(a) are found at 31 CFR 103.22. In general, the regulations require the reporting of transactions in currency in excess of \$10,000 a day. Casinos, as defined in 31 U.S.C. 5312(a)(2)(X) and 31 CFR 103.11(n)(7)(i), are financial institutions subject to the currency transaction reporting requirement. Card clubs, as defined in 31 CFR 103.11(n)(8)(i), are casinos subject to currency transaction reporting. (See 63 FR 1919, January 13, 1998.) The Currency Transaction Report by Casinos, Financial Crimes Enforcement Network Form 103, is the form casinos and card clubs (other than those in Nevada) use to comply with the currency transaction reporting requirements.

Tools Required to Intercept and Obstruct Terrorism Act of 2001, Pub. L. 107-56.

<sup>2</sup> This burden relates to the completion of the Currency Transaction Report by Casinos form only.

The attached Currency Transaction Report by Casinos is presented only for purposes of soliciting public comment on the form.

**Type of Review:** Extension, without change, of an approved information collection.

**Affected Public:** Business or other for-profit institutions.

**Frequency:** As required.

**Estimated Burden:** Reporting average of 20 minutes per response.<sup>2</sup> Form recordkeeping average of 10 minutes per response, for a total of 30 minutes.

**Estimated Number of Respondents:** 600.

**Estimated Total Annual Responses:** 418,866.

**Estimated Total Annual Burden Hours:** 209,433.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid Office of Management and Budget control number. Records required to be retained under the Bank Secrecy Act must be retained for five years.

**Request for Comments:** Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance and purchase of services to provide information.

Dated: January 5, 2006.

**William J. Fox,**

Director, Financial Crimes Enforcement Network.

Attachment: Currency Transaction Report by Casinos, Financial Crimes Enforcement Network Form 103.

BILLING CODE 4810-02-P

The recordkeeping burden of 31 CFR 103.22 is reflected in the final rule requiring casinos and card clubs to file Currency Transaction Reports.

<sup>1</sup> Language expanding the scope of the Bank Secrecy Act to intelligence or counter-intelligence activities to protect against international terrorism was added by Section 358 of the Uniting and Strengthening America by Providing Appropriate

|                                                                                                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>FINCEN Form 103</b><br>(Rev. March 2003)<br>Department of the Treasury<br>FINCEN                                                                                                                               | <b>Currency Transaction Report by Casinos</b><br>▶ Previous editions will not be accepted after September 30, 2003.<br>▶ Please type or print.<br>(Complete all applicable parts--See Instructions) | <br>OMB No. 1506-0005 |
| 1 If this is an amended report check here: <input type="checkbox"/> and attach a copy of the original CTRC to this form.                                                                                          |                                                                                                                                                                                                     |                                                                                                          |
| <b>Part I Person(s) Involved in Transaction(s)</b>                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                          |
| <b>Section A--Person(s) on Whose Behalf Transaction(s) Is Conducted (Customer)</b>                                                                                                                                |                                                                                                                                                                                                     | 2 <input type="checkbox"/> Multiple persons                                                              |
| 3 Individual's last name or Organization's name                                                                                                                                                                   | 4 First name                                                                                                                                                                                        | 5 M.I.                                                                                                   |
| 6 Permanent address (number, street, and apt. or suite no.)                                                                                                                                                       |                                                                                                                                                                                                     | 7 SSN or EIN                                                                                             |
| 8 City                                                                                                                                                                                                            | 9 State                                                                                                                                                                                             | 10 ZIP code                                                                                              |
| 11 Country code (if not U.S.)                                                                                                                                                                                     |                                                                                                                                                                                                     | 12 Date of birth                                                                                         |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                     | MM DD YYYY                                                                                               |
| 13 Method used to verify identity: a <input type="checkbox"/> Examined identification credential/document b <input type="checkbox"/> Known Customer - information on file c <input type="checkbox"/> Organization |                                                                                                                                                                                                     |                                                                                                          |
| 14 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other    |                                                                                                                                                                                                     |                                                                                                          |
| e Issued by: f Number:                                                                                                                                                                                            |                                                                                                                                                                                                     |                                                                                                          |
| 15 Customer's Account Number                                                                                                                                                                                      |                                                                                                                                                                                                     |                                                                                                          |
| <b>Section B--Individual(s) Conducting Transaction(s) - If other than above (Agent)</b>                                                                                                                           |                                                                                                                                                                                                     | 16 <input type="checkbox"/> Multiple agents                                                              |
| 17 Individual's last name                                                                                                                                                                                         | 18 First name                                                                                                                                                                                       | 19 M.I.                                                                                                  |
| 20 Address (number, street, and apt. or suite no.)                                                                                                                                                                |                                                                                                                                                                                                     | 21 SSN                                                                                                   |
| 22 City                                                                                                                                                                                                           | 23 State                                                                                                                                                                                            | 24 ZIP code                                                                                              |
| 25 Country code (if not U.S.)                                                                                                                                                                                     |                                                                                                                                                                                                     | 26 Date of birth                                                                                         |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                     | MM DD YYYY                                                                                               |
| 27 Method used to verify identity: a <input type="checkbox"/> Examined identification credential/document b <input type="checkbox"/> Known Customer - information on file                                         |                                                                                                                                                                                                     |                                                                                                          |
| 28 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other    |                                                                                                                                                                                                     |                                                                                                          |
| e Issued by: f Number:                                                                                                                                                                                            |                                                                                                                                                                                                     |                                                                                                          |
| <b>Part II Amount and Type of Transaction(s). Complete all items that apply.</b>                                                                                                                                  |                                                                                                                                                                                                     | 29. <input type="checkbox"/> Multiple transactions                                                       |
| 30 CASH IN: (in U.S. dollar equivalent)                                                                                                                                                                           |                                                                                                                                                                                                     | 31 CASH OUT: (in U.S. dollar equivalent)                                                                 |
| a Purchase(s) of casino chips, tokens, and other gaming instruments \$ . 00                                                                                                                                       | b Deposit(s) of front money or safekeeping . 00                                                                                                                                                     | a Redemption(s) of casino chips, tokens, and other gaming instruments \$ . 00                            |
| c Payment(s) on credit (including markers) . 00                                                                                                                                                                   | d Currency wager(s) (including money plays) . 00                                                                                                                                                    | b Withdrawal(s) of deposit (front money of safekeeping) . 00                                             |
| e Currency received from wire transfer(s) out . 00                                                                                                                                                                | f Purchase(s) of casino check(s) . 00                                                                                                                                                               | c Advance(s) on credit (including markers) . 00                                                          |
| g Currency exchange(s) . 00                                                                                                                                                                                       | h Other (specify): . 00                                                                                                                                                                             | d Payment(s) on wager(s), including slot jackpot(s) . 00                                                 |
| i Enter total of CASH IN transaction(s) \$ . 00                                                                                                                                                                   |                                                                                                                                                                                                     | e Currency paid from wire transfer(s) in . 00                                                            |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                     | f Negotiable instrument(s) cashed (including checks) . 00                                                |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                     | g Currency exchange(s) . 00                                                                              |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                     | h Travel and complimentary expenses and gaming incentives . 00                                           |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                     | i Payment for tournament, contest or other promotions . 00                                               |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                     | j Other (specify): . 00                                                                                  |
|                                                                                                                                                                                                                   |                                                                                                                                                                                                     | k Enter total of CASH OUT transaction(s) \$ . 00                                                         |
| 32 Date of transaction (see instructions) MM DD YYYY                                                                                                                                                              | 33 Foreign currency used: (Country)                                                                                                                                                                 |                                                                                                          |
| <b>Part III Casino Reporting Transactions</b>                                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                          |
| 34 Casino's trade name                                                                                                                                                                                            | 35 Casino's legal name                                                                                                                                                                              | 36 Employer identification number (EIN)                                                                  |
| 37 Address where transaction occurred (See instructions)                                                                                                                                                          |                                                                                                                                                                                                     |                                                                                                          |
| 38 City                                                                                                                                                                                                           | 39 State                                                                                                                                                                                            | 40 ZIP code                                                                                              |
| 41 Title of approving official                                                                                                                                                                                    |                                                                                                                                                                                                     | 42 Signature of approving official                                                                       |
| 43 Date of signature MM DD YYYY                                                                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                          |
| 44 Type or print preparer's name                                                                                                                                                                                  | 45 Type or print name of person to contact                                                                                                                                                          | 46 Contact telephone number ( ) - -                                                                      |

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| <b>Multiple Persons or Multiple Agents</b><br><i>(Complete applicable parts below if box 2 or box 16 on page 1 is checked.)</i>                                                                                                                      |              |                 |                              |  |                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------|------------------------------|--|------------------------------------------------------------|
| <b>Part I Person(s) Involved in Transaction(s)</b>                                                                                                                                                                                                   |              |                 |                              |  |                                                            |
| <b>Section A--Person(s) on Whose Behalf Transaction(s) Is Conducted (Customer)</b>                                                                                                                                                                   |              |                 |                              |  |                                                            |
| 3 Individual's last name or Organization's name                                                                                                                                                                                                      |              |                 | 4 First name                 |  | 5 M.I.                                                     |
| 6 Permanent address (number, street, and apt. or suite no.)                                                                                                                                                                                          |              |                 |                              |  | 7 SSN or EIN<br>                                           |
| 8 City<br>                                                                                                                                                                                                                                           | 9 State<br>  | 10 ZIP code<br> | 11 Country (if not U.S.)<br> |  | 12 Date of birth<br>    /     /        <br>M M D D Y Y Y Y |
| 13 Method used to verify identity: a <input type="checkbox"/> Examined identification credential/document b <input type="checkbox"/> Known Customer - information on file c <input type="checkbox"/> Organization                                    |              |                 |                              |  |                                                            |
| 14 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other<br>e Issued by: _____ f Number: _____ |              |                 |                              |  |                                                            |
| 15 Customer's Account Number                                                                                                                                                                                                                         |              |                 |                              |  |                                                            |
| <b>Section B--Individual(s) Conducting Transaction(s) - If other than above (Agent)</b>                                                                                                                                                              |              |                 |                              |  |                                                            |
| 17 Individual's last name                                                                                                                                                                                                                            |              |                 | 18 First name                |  | 19 M.I.                                                    |
| 20 Address (number, street, and apt. or suite no.)                                                                                                                                                                                                   |              |                 |                              |  | 21 SSN<br>                                                 |
| 22 City<br>                                                                                                                                                                                                                                          | 23 State<br> | 24 ZIP code<br> | 25 Country (if not U.S.)<br> |  | 26 Date of birth<br>    /     /        <br>M M D D Y Y Y Y |
| 27 Method used to verify identity: a <input type="checkbox"/> Examined identification credential/document b <input type="checkbox"/> Known Customer - information on file                                                                            |              |                 |                              |  |                                                            |
| 28 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other<br>e Issued by: _____ f Number: _____ |              |                 |                              |  |                                                            |

**General Instructions**

**Form 103.** Use this revision of Form 103 for filing on reportable transactions. However, the March 2003 version of Form 103, *Currency Transaction Report by Casinos* (also referred to as a CTRC), can still be used until September 30, 2006.

**Suspicious Transactions.** If a transaction is greater than \$10,000 in currency as well as suspicious, casinos must file a Form 103 and must report suspicious transactions and activities on FinCEN Form 102, *Suspicious Activity Report by Casinos* (SARC). Also, casinos are required to use the SARC form to report suspicious activities involving or aggregating at least \$5,000 in funds. **Do not** use Form 103 to (a) report suspicious transactions involving \$10,000 or less in currency or (b) indicate that a transaction of more than \$10,000 is suspicious.

In situations involving suspicious transactions requiring immediate attention, such as when a reportable transaction is ongoing, the casino or card club shall immediately notify, by telephone, appropriate law enforcement and regulatory authorities in addition to filing a timely suspicious activity report.

**Who must file.** Any organization duly licensed or authorized to do business as a casino, gambling casino, or card club in the United States (except casinos located in Nevada) and having gross annual gaming revenues in excess of \$1 million must file Form 103. This includes the principal headquarters and every domestic branch or place of business of the casino or card club. The requirement includes state-licensed casinos (both land-based and riverboat), tribal casinos, and state-licensed and tribal card clubs. Since card clubs are subject to

the same reporting rules as casinos, the term "casino" as used in these instructions refers to both a casino and a card club.

**Note:** Nevada casinos must file Form 103N, *Currency Transaction Report by Casinos - Nevada (CTRC-N)*, to report transactions as required under Nevada Regulation 6A.

**What to file.** A casino must file Form 103 for each transaction involving either currency received (Cash In) or currency disbursed (Cash Out) of more than \$10,000 in a gaming day. A gaming day is the normal business day of the casino by which it keeps its books and records for business, accounting, and tax purposes. Multiple transactions must be treated as a single transaction if the casino has knowledge that: (a) they are made by or on behalf of the same person, and (b) they result in either Cash In or Cash Out by the casino totaling more than \$10,000 during any one gaming day. Reportable transactions may occur at a casino cage, gaming table, and/or slot machine. The casino should report both Cash In and Cash Out transactions by or on behalf of the same customer on a single Form 103. **Do not** use Form 103 to report receipts of currency in excess of \$10,000 by non-gaming businesses of a casino (e.g., a hotel); instead, use **Form 8300**, *Report of Cash Payments Over \$10,000 Received in a Trade or Business*.

**Exceptions.** A casino does not have to report transactions with domestic banks. Also, a casino does not have to report transactions with currency dealers or exchangers, or check cashers, as defined in 31 C.F.R. § 103.11(uu), and which are operating under a contractual agreement to provide a financial service to a casino and who are conducting currency transactions with a casino which are limited to those in 31 C.F.R. §§ 103.22(b)(2)(i)(H), 103.22(b)(2)(ii)(G), and 103.22(b)(2)(iii)(H).

**Identification requirements.** All individuals (except employees of armored car services) conducting a reportable transaction(s) for themselves or for another person must be identified by means of an official document(s).

Acceptable forms of identification include a driver's license, military or military dependent identification card, passport, non-resident alien registration card, state issued identification card, cedular card (foreign), or a combination of other unexpired documents which contain an individual's name and address and preferably a photograph and are normally acceptable by financial institutions as a means of identification when cashing checks for persons other than established customers.

For casino customers granted accounts for credit, deposit, or check cashing, or on whom a CTRC containing verified identity has been filed, acceptable identification information obtained previously and maintained in the casino's internal records may be used as long as the following conditions are met. The customer's identity is re-verified periodically, any out-of-date identifying information is updated in the internal records, and the date of each re-verification is noted on the internal record. For example, if documents verifying an individual's identity were examined and recorded on a signature card when a deposit or credit account was opened, the casino may rely on that information as long as it is re-verified periodically.

**When and where to file:** This form should be e-filed through the Bank Secrecy Act E-filing System. Go to <http://bsaeifiling.fincen.treas.gov/index.jsp> to register. This form is also available for download on the Financial Crimes Enforcement Network's Web site at [www.fincen.gov](http://www.fincen.gov), or may be ordered by calling the IRS Forms Distribution Center at (800) 829-3676.

File each Form 103 by the 15th calendar day after the day of the transaction with the:

IRS Detroit Computing Center  
ATTN: CTCR  
P.O. Box 32621  
Detroit, MI 48232

A casino must retain a copy of each Form 103 filed for 5 years from the date of filing.

**Penalties.** Civil and/or criminal penalties may be assessed for failure to file a CTCR or supply information, or for filing a false or fraudulent CTCR. See 31 U.S.C. 5321, 5322, and 5324.

**Definitions.** For purposes of Form 103, the terms below have the following meanings:

**Agent.** Any individual who conducts a currency transaction on behalf of another individual or organization.

**Currency.** The coin and paper money of the United States or of any other country that is circulated and customarily used and accepted as money.

**Customer.** Any person involved in a currency transaction whether or not that person participates in the casino's gaming activities.

**Person.** An individual, corporation, partnership, trust, estate, joint stock company, association, syndicate, joint venture, or any other unincorporated organization or group.

**Organization.** Person other than an individual.

**Transaction in Currency (Currency Transaction).** The physical transfer of currency from one person to another.

**Negotiable Instruments.** All checks and drafts (including business, personal, bank, cashier's, and third-party), traveler's checks, money orders, and promissory notes, whether or not they are in bearer form.

### Specific Instructions

**Note:** Additional information that cannot fit on the front and back of Form 103 must be submitted on plain paper attached to Form 103. Type or print the individual's or organization's name and identifying number, date of transaction, and casino's name and employer identification number (i.e., Items 3, 4, 5, 7, 32, 34, 35, and 36) as well as identify the specific item number on all additional sheets. This will ensure that if a sheet becomes separated, it will be associated with the appropriate Form 103.

**Item 1. Amends prior report.**—Check Item 1 if this Form 103 amends a previously filed report. Staple a copy of the original report behind the amended one. Complete Part III in its entirety, but complete only those other entries that are being amended.

### Part I. Person(s) Involved in Transaction(s)

**Note:** Section A **must** be completed in all cases. If an individual conducts a transaction on his/her own behalf, complete only section A; leave Section B BLANK. If a transaction is conducted by an individual **on behalf of** another person(s), complete Section A for each person on whose behalf the transaction is conducted; complete Section B for the individual conducting the transaction.

### Section A. Person(s) on Whose Behalf Transaction(s) Is Conducted (Customer)

**Item 2. Multiple persons.**—Check Item 2 if this transaction is being conducted on behalf of more than one person. For example, if John and Jane Doe cash a check made out to them jointly at the casino, more than one individual has conducted the transaction. Enter information in Section A for one of the individuals; provide information for the other individual on page 2, Section A. Attach additional sheets as necessary.

**Items 3, 4, and 5. Individual/Organization name.**—If the person on whose behalf the transaction(s) is conducted is an individual, put his/her last name in Item 3, first name in Item 4 and middle initial in Item 5. If there is no middle initial, leave Item 5 BLANK. If the transaction is conducted on behalf of an organization, enter the name in Item 3 and leave Items 4 and 5 BLANK, but identify the individual conducting the transaction in Section B. If an organization has a separate "doing business as (DBA)" name, enter in Item 3 the organization's legal name (e.g., Smith Enterprises, Inc.) followed by the name of the business (e.g., DBA Smith Casino Tours). In this case, use Items 4 and 5 if more space is needed.

**Items 6, 8, 9, 10, and 11. Address.**—Enter the permanent street address, city, two-letter state abbreviation used by the U.S. Postal Service, and ZIP code of the person identified in Item 3. Also, enter in Item 6 the apartment or suite number and road or route number. Do not enter a P.O. box number unless the person has no street address. If the person is from a foreign country, enter any province name as well as the appropriate two-letter country code (For country code list go to [www.fincen.gov/reg\\_bsaforms.html](http://www.fincen.gov/reg_bsaforms.html) or call 1-800-949-2732 option 5). If country is U.S., leave Item 11 BLANK.

**Item 7. Social security number (SSN) or Employer identification number (EIN).**—Enter the SSN (if an individual) or EIN (if other than an individual) of the person identified in Items 3 through 5. If that individual is a nonresident alien individual who does not have an SSN, enter "NONE" in this space.

**Item 12. Date of birth.**—Enter the customer's date of birth (DOB) if it is known to the casino through an existing internal record or reflected on an appropriate identification document or credential presented to the casino to verify the customer's identity (see **Identification Requirements** above). Internal casino records can include those for casino customers granted accounts for credit, deposit, or check cashing, or on whom a CTCR containing verified identity has been filed. If such records do not indicate the DOB, a casino should ask the customer for the DOB. If the DOB is not available from any of these sources, the casino should enter NOT AVAILABLE in the space. Eight numerals must be inserted for each date. Enter the date in the format "mm/dd/yyyy", where "mm" is the month, "dd" is the day, and "yyyy" is the year. Zero (0) should precede any single-digit number. For example, if the individual's birth date is June 1, 1948, enter "06/01/1948" in Item 12.

**Item 13. Method used to verify identity.**—If an individual conducts the transaction(s) on his/her own behalf, his/her name and address **must** be verified by examination of an official credential/document or internal record containing identification information on a known customer (see **Identification Requirements** above). Check box a if you examined an official identification credential/document. Check box b if you examined an acceptable internal casino record (i.e., credit, deposit, or check cashing account record, or a CTCR worksheet) containing previously

verified identification information on a "known customer." Check box c if the transaction is conducted on behalf of an organization. If box a or b is checked, you **must** complete Item 14. If box c is checked, do not complete Item 14.

**Item 14. Describe identification credential.**—If a driver's license, passport, or alien registration card was used to verify the individual's identity, check as appropriate box a, b, or c. If you check box d, you must specifically identify the type of document used (e.g., enter "military ID" for a military or military-dependent identification card). A statement such as "known customer" in box d is **not** sufficient for completion of Form 103. Enter in Item 14e the two-letter state postal code, two-letter country code, or the name of the issuer for that document, and enter in Item 14f the number shown on that official document.

**Item 15. Customer account number.**—Enter the account number which corresponds to the transaction being reported and which the casino has assigned to the person whose name is entered in Item 3. If the person has more than one account number affected by the transaction, enter the account number that corresponds to the majority of currency being reported. If the transaction does not involve an account number, enter "NOT APPLICABLE" in the space.

### Section B. Individual(s) Conducting Transaction(s) — If Other Than Above (Agent)

Complete Section B if an individual conducts a transaction on behalf of another person(s) listed in Section A. If an individual conducts a transaction on his/her own behalf, leave Section B BLANK.

**Item 16. Multiple agents.**—If, during a gaming day, more than one individual conducts transactions on behalf of an individual or organization listed in Section A, check this box and complete Section B. List one of the individuals on the front of the form and the other individual(s) on page 2, Section B. Attach additional sheets as necessary.

**Items 17, 18, and 19. Name of individual.**—Enter the individual's last name in Item 17, first name in Item 18, and middle initial in Item 19. If there is no middle initial, leave Item 19 BLANK. For example, if John Doe, an employee of the Error Free Rock Band, cashes an \$11,000 check for the band, Error Free Rock Band is identified in Section A, and John Doe is identified in Section B.

**Items 20, 22, 23, 24, and 25. Address.**—Enter the permanent street address, including ZIP code, of the individual conducting the transaction. If the individual is from a foreign country, enter any province name and the appropriate two-letter country code (See instructions for item 11).

**Item 21. Social security number (SSN).**—Enter the SSN of the individual identified in Items 17 through 19. If that individual is a nonresident alien who does not have an SSN, enter "NONE" in the space.

**Item 26. Date of birth.**—Enter the individual's date of birth. For proper format, see the instructions under Item 12 above.

**Item 27. Method used to verify identity.**—Any individual listed in Items 17 through 19 must present an official document to verify his/her name and address. See the instructions under Item 13 above for more information. After completing Item 27, you must also complete Item 28.

**Item 28. Describe identification credential.**—Describe the identification credential used to verify the individual's name and address. See the instructions under **Item 14** above for more information.

#### Part II. Amount and Type of Transaction(s)

Part II identifies the type of transaction(s) reported and the amount(s) involved. You must complete all items that apply.

**Item 29. Multiple transactions.**—Check this box if multiple currency transactions, none of which individually exceeds \$10,000, comprise this report.

**Items 30 and 31. Cash in and cash out.**—Enter in the appropriate spaces provided in Items 30 and/or 31, the specific currency amount for each "type of transaction" for a reportable Cash In or Cash Out. If the casino engages in a Cash In or a Cash Out transaction that is not listed in Items 30a through 30g or Items 31a through 31i, specify the type of transaction and the amount of currency in Item 30h or 31j, respectively. Enter the total amount of the reportable Cash In transaction(s) in Item 30j. Enter the total amount of the reportable Cash Out transaction(s) in Item 31k.

If less than a full dollar amount is involved increase the figure to the next higher dollar. For example, if the currency total is \$20,500.25, show it as \$20,501.00.

If there is a currency exchange, list it separately with both the Cash In and Cash Out totals. If foreign currency is exchanged, use the U.S. dollar equivalent on the day of the transaction.

Payment(s) on credit (Item 30c), includes all forms of cash payments made by a customer on a credit account or line of credit, or in redemption of markers or counter checks. Currency received from wire transfer(s) out (Item 30e), applies to cash received from a customer when the casino sends a wire transfer on behalf of a customer.

Currency paid from wire transfer(s) in (Item 31e), applies to cash paid to a customer when the casino receives a wire transfer on behalf of a customer. Travel and complimentary expenses and gaming incentives (Item 31h), includes reimbursements for a customer's travel and entertainment expenses and cash complementaries ("comps").

#### Determining Whether Transactions Meet The Reporting Threshold

Only cash transactions that, alone or when aggregated, exceed \$10,000 should be reported on Form 103. A casino must report multiple currency transactions when it has knowledge that such transactions have occurred. This includes knowledge gathered through examination of books, records, logs, information retained on magnetic disk, tape or other machine-readable media, or in any manual system, and similar documents and information that the casino maintains pursuant to any law or regulation or within the ordinary course of its business.

Cash In and Cash Out transactions for the same customer are to be aggregated separately and must not be offset against one another. If there are both Cash In and Cash Out transactions which each exceed \$10,000, enter the amounts in Items 30 and 31 and report on a single Form 103.

**Example 1.** Person A purchases \$11,000 in chips with currency (one Cash In entry); and later receives currency from a \$6,000 redemption of chips and a \$2,000 safekeeping withdrawal (two Cash Out entries). Complete Form 103 as follows:

Cash In of "\$11,000" is entered in Item 30a (purchase of chips) and Cash In Total of "\$11,000" is entered in Item 30i. No entry is made for Cash Out. The two Cash Out transactions equal only \$8,000, which does not meet the BSA reporting threshold.

**Example 2.** Person B deposits \$5,000 in currency to his front money account and pays \$10,000 in currency to pay off an outstanding credit balance (two Cash In entries); receives \$7,000 in currency from a wire transfer (one Cash Out entry); and presents \$2,000 in small denomination U.S. currency to be exchanged for an equal amount in U.S. \$100 bills. Complete Form 103 as follows:

Cash In of "\$5,000" is entered in Item 30b (deposit), "\$10,000" is entered in Item 30c (payment on credit), "\$2,000" is entered in Item 30g (currency exchange), and Cash In Total of "\$17,000" is entered in Item 30i. In determining whether the transactions are reportable, the currency exchange is aggregated with both the Cash In and the Cash Out amounts. The result is a reportable \$17,000 Cash In transaction. No entry is made for Cash Out. The total Cash Out amount only equals \$9,000, which does not meet the BSA reporting threshold.

**Example 3.** Person C deposits \$7,000 in currency to his front money account and pays \$9,000 in currency to pay off an outstanding credit balance (two Cash In entries); receives \$2,500 in currency from a withdrawal from a safekeeping account, \$2,500 in currency from a wire transfer and cashes a personal check of \$7,500 (three Cash Out entries); and presents Canadian dollars which are exchanged for \$1,500 in U.S. dollar equivalent. Complete Form 103 as follows:

Cash In of "\$7,000" is entered in Item 30b (deposit), "\$9,000" is entered in Item 30c (payment on credit), "\$1,500" is entered in Item 30g (currency exchange), and a Cash In total of "\$17,500" is entered in Item 30i. Cash Out of "\$2,500" is entered in Item 31b (withdrawal of deposit), "\$2,500" is entered in Item 31e (wire transfer), "\$7,500" is entered in Item 31f (negotiable instrument cashed), "\$1,500" is entered in Item 31g (currency exchange) and a Cash Out Total of "\$14,000" is entered in Item 31k. In this example, both the Cash In and Cash Out totals exceed \$10,000, and each must be reflected on Form 103.

**Example 4.** Person D purchases \$10,000 in chips with currency and places a \$10,000 cash bet (two Cash In entries); and later receives currency for an \$18,000 redemption of chips and \$20,000 from a payment on a cash bet (two Cash Out entries). Complete Form 103 as follows:

Cash In of "\$10,000" is entered in Items 30a and 30d and a Cash In total of "\$20,000" is entered in Item 30j. Cash Out of "\$18,000" is entered in Item 31a (redemption of chips), "\$20,000" is entered in Item 31d (payment on wagers) and a Cash Out Total of "\$38,000" is entered in Item 31k. In this example, both the Cash In and Cash Out totals exceed \$10,000, and each must be reflected on Form 103.

**Item 32. Date of transaction.**—Enter the gaming day on which the transaction occurred (see **What To File** above). For proper format, see the instructions for **Item 12** above.

**Item 33. Foreign currency.**—If foreign currency is involved, identify the country of issuance by entering the appropriate two-letter country code. If multiple foreign currencies are involved, identify the country for which the largest amount in U.S. dollars is exchanged.

#### Part III. Casino Reporting Transaction(s)

**Item 34. Casino's trade name.**—Enter the name by which the casino does business and is commonly known. Do not enter a corporate, partnership, or other entity name, unless such name is the one by which the casino is commonly known.

**Item 35. Casino's legal name.**—Enter the legal name as shown on required tax filings, only if different from the trade name shown in Item 34. This name will be defined as the name indicated on a charter or other document creating the entity, and which is identified with the casino's established EIN.

**Item 36. Employer identification number (EIN).**—Enter the casino's EIN.

**Items 37, 38, 39, and 40. Address.**—Enter the street address, city, state, and ZIP code of the casino (or branch) where the transaction occurred. Do not use a P.O. box number.

**Items 41 and 42. Title and signature of approving official.**—The official who is authorized to review and approve Form 103 must indicate his/her title and sign the form.

**Item 43. Date the form is signed.**—The approving official must enter the date the Form 103 is signed. For proper format, see the instructions for **Item 12** above.

**Item 44. Preparer's name.**—Type or print the full name of the individual preparing Form 103. The preparer and the approving official may be different individuals.

**Items 45 and 46. Contact person/telephone number.**—Type or print the name and commercial telephone number of a responsible individual to contact concerning any questions about this Form 103.

**Paperwork Reduction Act Notice.**—The requested information is useful in criminal, tax, and regulatory investigations and proceedings. Financial institutions are required to provide the information under 31 U.S.C. 5313 and 31 CFR Part 103, commonly referred to as the Bank Secrecy Act (BSA).

The BSA is administered by the U.S. Department of the Treasury's Financial Crimes Enforcement Network (FinCEN). You are not required to provide the requested information unless a form displays a valid OMB control number. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 19 minutes. Send comments regarding this burden estimate, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503 and to the Financial Crimes Enforcement Network, Attn.: Paperwork Reduction Act, P.O. Box 39, Vienna VA 22183-0039.