

# Report of Cash Payments Over \$10,000 Received in a Trade or Business

Department of the Treasury  
Internal Revenue Service

► See instructions for definition of cash.  
► Use this form for transactions occurring after August 29, 2014. Do not use prior versions after this date.  
For Privacy Act and Paperwork Reduction Act Notice, see the last page.

1 Check appropriate box(es) if: a ☐ Amends prior report; b ☐ 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 . . . . . ► ☐

3 Last name 4 First name 5 M.I. 6 Taxpayer identification number

Last Name of Purchaser Representative First Name of Purchaser Rep 1 2 3 4 5 6 7 8 9

7 Address (number, street, and apt. or suite no.) 8 Date of birth . . . . . ► M M D D Y Y Y Y  
(see instructions) 0 1 0 1 1 9 8 0

Address of Purchaser Representative

9 City 10 State 11 ZIP code 12 Country (if not U.S.) 13 Occupation, profession, or business

Miami F L 33131

14 Identifying document (ID) a Describe ID ► Driver's License b Issued by ► Florida  
c Number ► 1234567

## 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 . . . . . ► ☒

16 Individual's last name or organization's name 17 First name 18 M.I. 19 Taxpayer identification number

Name of Purchaser (i.e., name of LLC or Corporation)

20 Doing business as (DBA) name (see instructions) Employer identification number

9 8 7 6 5 4 3 2 1

21 Address (number, street, and apt. or suite no.) 22 Occupation, profession, or business

Address of Purchaser (i.e., address of LLC or Corporation)

23 City 24 State 25 ZIP code 26 Country (if not U.S.)

Miami F L 33131

27 Alien identification (ID) a Describe ID ► b Issued by ►  
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 . . . . . ► ☐ 31 Total price if different from item 29  
M M D D Y Y Y Y \$ Currency/Check Amt.00 \$ 1,200,000.00  
0 8 2 9 2 0 1 6

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) \$ Check Amt .00 Issuer's name(s) and serial number(s) of the monetary instrument(s) ►  
d Money order(s) \$ .00 Issuer's name and serial number  
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. ► Address of real property involved in Covered Transaction  
a ☐ Personal property purchased f ☐ Debt obligations paid  
b ☒ Real property purchased g ☐ Exchange of cash  
c ☐ Personal services provided h ☐ Escrow or trust funds  
d ☐ Business services provided i ☐ Bail received by court clerks  
e ☐ Intangible property purchased j ☐ Other (specify in item 34) ►

## Part IV Business That Received Cash

35 Name of business that received cash 36 Employer identification number

Name of Covered Business 5 4 3 2 1 6 7 8 9

37 Address (number, street, and apt. or suite no.) Social security number

Address of Covered Business

38 City 39 State 40 ZIP code 41 Nature of your business

Miami F L 33131 Title Insurance

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 ► Authorized official Title ►

43 Date of signature M M D D Y Y Y Y 44 Type or print name of contact person 45 Contact telephone number  
Representative of Covered Business Phone Number of Covered Business

**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**

3 Last name			4 First name			5 M.I.			6 Taxpayer identification number			
7 Address (number, street, and apt. or suite no.)						8 Date of birth . . . ▶			M M D D Y Y Y Y (see instructions)			
9 City			10 State		11 ZIP code		12 Country (if not U.S.)			13 Occupation, profession, or business		
14 Identifying document (ID)		a Describe ID ▶ c Number ▶						b Issued by ▶				

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3 Last name			4 First name			5 M.I.			6 Taxpayer identification number			
7 Address (number, street, and apt. or suite no.)						8 Date of birth . . . ▶			M M D D Y Y Y Y (see instructions)			
9 City			10 State		11 ZIP code		12 Country (if not U.S.)			13 Occupation, profession, or business		
14 Identifying document (ID)		a Describe ID ▶ c Number ▶						b Issued by ▶				

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

16 Individual's last name or organization's name <u>Last Name of Beneficial Owner 1</u>				17 First name <u>First Name of Benef. Owner 1</u>				18 M.I.		19 Taxpayer identification number <u>6 7 8 9 5 4 3 2 1</u>			
20 Doing business as (DBA) name (see instructions)										Employer identification number			
21 Address (number, street, and apt. or suite no.) <u>Address of Beneficial Owner 1</u>								22 Occupation, profession, or business					
23 City <u>Miami</u>				24 State <u>F L</u>		25 ZIP code <u>33131</u>		26 Country (if not U.S.)					
27 Alien identification (ID)		a Describe ID ▶ <u>Driver's License</u> c Number ▶ <u>2345678</u>						b Issued by ▶ <u>Florida</u>					

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16 Individual's last name or organization's name <u>Last Name of Beneficial Owner 2 (If applicable)</u>				17 First name <u>First Name of Benef. Owner 2</u>				18 M.I.		19 Taxpayer identification number <u>3 2 1 6 7 8 9 5 4</u>			
20 Doing business as (DBA) name (see instructions)										Employer identification number			
21 Address (number, street, and apt. or suite no.) <u>Address of Beneficial Owner 2</u>								22 Occupation, profession, or business					
23 City <u>Miami</u>				24 State <u>F L</u>		25 ZIP code <u>33131</u>		26 Country (if not U.S.)					
27 Alien identification (ID)		a Describe ID ▶ <u>Passport</u> c Number ▶ <u>555444333</u>						b Issued by ▶ <u>United States</u>					

**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 IVREGTOName, Address, Taxpayer ID of all Members of Purchaser (if the Purchaser is an LLC)Name of Covered Business identified in FinCEN's Geographic Targeting Order (if form is being filed by an agent of such business)