IRS **8300** (Rev. December 2023)

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

See instructions for definition of cash.

Department of the Treasury Internal Revenue Service Use this form for transactions occurring after December 31, 2023. Do not use prior versions after this date.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

FinCEN 8300

(Rev. August 2014) OMB No. 1506-0018 Department of the Treasury Financial Crimes Enforcement Network

1	Check appropria	ite box(es) if:	а	Amends p	orior report	;			b ∐	Suspicio	ous transaction.		
Part	Identity	of Individ	ual From V	Vhom the C	ash Was	Rece	eived						
2	If more than one												
3	Last name 4 First name							5 M.	I. C	Taxpayer identification nur	nber		
7	Address (number, street, and apt. or suite no.)					8 Date				oirth	M M D D Y Y	ΥΥ	
									(see instruction			1	
9	City			10 State	11 ZIP c	11 ZIP code 12 Country (if not U)	13 Occupation, profession, or bu	ısiness	
14	Identifying				b	b Issued by							
	Identifying a Describe ID												
Part	l Person	on Whose	Behalf Th	is Transact	ion Was	Cond	ucted						
15	If this transaction							d see inst	tructions	3		\Box	
16	Individual's last								9 Taxpayer identification nu	mber			
										!			
20	Doing business as (DBA) name (see instructions)										Employer identification nu	mber	
	J	,	`	,								:	
21	Address (numbe	r, street, and	apt. or suite r	no.)					22 C	Occupation, profession, or business		<u> </u>	
	()									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
23	City			24 State	25 ZIP c	ode	26 Co.	untry (if r	not U.S.))			
	,							, ,	•				
27	Alien	a Describ	ne ID						h	Issue	d by		
	identification (ID)								~		,		
Part	II Descrip	tion of Tra	ansaction a	and Method	of Payr	nent							
28	Date cash receiv			cash received			ash was	received	d in	3	Total price if different fron	 n	
	M M D D Y Y Y Y				more than one						item 29	-	
						.00 check here					\$.00	
32	Amount of cash			ıivalent) (must e	equal item	29) (see	instructi	ions).			•		
a	U.S. currency	\$.00					10110).	.0	00)			
b	U.S. currency \$ (Amount in \$100 bills or higher \$) Foreign currency \$.00 (Country)												
c									ument(s)				
d	Money order(s)	\$.00	1.550.5	· · · · · · · · · · · · · · · · · · ·			. (0) 0		u.,c.	ao.		
e	Bank draft(s)	\$.00.	}									
f	Traveler's check	· · · · · · · · · · · · · · · · · · ·	.00]									
33	Type of transact	(0)	.00	· · ·			3	34 Snec	rific desc	cription	of property or service shown	in 33	
а									serial or registration number, address, docket				
b	Real property purchased g Exchange of									etc.			
С	Personal services provided h Escrow or trust												
d	Business services provided i Bail received by court clerks												
е	☐ Intangible property purchased j ☐ Other (specify in item 34)												
Part			ceived Cas	sh		,							
35	Name of busines									3	6 Employer identification nu	umber	
												:	
37	Address (numbe	r, street, and	apt. or suite r	no.)							Social security number		
	•		·	,								!	
38	City			39 State	40 ZIP c	ode	41 Nat	ture of yo	our busi	ness			
	,							,					
42	I Inder penalties	of perium, Ld	leclare that to	the hest of my	knowledge	the inf	ormation	n I have f	urnished	l above	is true, correct, and complete		
74	Oridor perialities	or porjury, ru	iodiaio triat tu	the best of filly	MIOWIEUGE	, iiiō IIII	Jillauoli	i i nave n	arriiori c (a above	io trao, correct, and complet	.	
Signat	ture						Title						
Signal	e		Authorized of	ficial			iille						
43 D	Date of M M			44 Type or pri	nt name of	contac	t person		45	Contac	t telephone number		
	ignature	- .	, , , ,]	71 Pri							P		

Multiple Parties

(Complete applicable parts below if box 2 or 15 on page 1 is checked.)

Part	Continued	-Complete	if box 2	on page 1	1 is c	hecked							
3	Last name				4	4 First name 5				6 Taxpayer identification number			
7	Address (number, street, and apt. or suite no.)								of birth	M M D D Y Y Y			
9	City	10 State	11 ZIP co	ode	12 Country (if not U.S.)			13 Occupation, profession, or business					
14	Identifying a Describe ID c Number								b Issued by				
3	Last name			4 First name)	5	5 M.I.	6 Taxpayer identification number			
7	Address (number, street, and apt. or suite no)					ate of birth M M D D Y Y Y Y ee instructions)				
9	City 10 St			e 11 ZIP code 12 Country (if no			ntry (if not U.S		ee instructions)				
14	Identifying	ying a Describe ID					b Issued by						
	document (ID) c Number												
Part	Continued	-Complete	if box 15	on page	1 is	checked	I						
16	Individual's last name or organization's name				17	17 First name				19 Taxpayer identification number			
20	Doing business as (DBA) name (see instructions)					I				Employer identification number			
21	Address (number, street, and apt. or suite no.)					22				2 Occupation, profession, or business			
23	City 24 State 2					5 ZIP code 26 Country (if not t							
27	Alien a Describe ID c Number									b Issued by			
	<u> </u>								·				
16	Individual's last name or organization's name				17	17 First name				19 Taxpayer identification number			
20	Doing business as (DBA) name (see instructions)									Employer identification number			
21	Address (number, street, and apt. or suite no.)					22				pation, profession, or business			
23	City 24 State 2					5 ZIP code 26 Country (if not U				.S.)			
27	Alien a Describe ID identification (ID) c Number									b Issued by			
Comm			pelow to co	omment on c	or clarif	fy any infor	mation you e	entered	on any lin	e in Parts I, II, III, and IV			