



## 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		Settlement Agent Individual's Name		
Address		City	State	Zip
Phone Number		E-Mail Address		
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:
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### 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.)
<b>If address or ID information is not shown (or is not legible) on the government issued identification, please complete below</b>				
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				
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 \$
<b>Amount of Monetary Instrument (in U.S. dollar equivalent)</b>			
U.S. currency	\$	Amt. in \$100 bills or higher \$	
Foreign currency	\$	Country:	
		<b>Issuer's (Bank's) name(s) – Attach copies of checks</b>	<b>Serial number(s)<sup>1</sup></b>
Cashier's check(s)	\$		
Money order(s)	\$		
Certified check(s)	\$		
Traveler's check(s)	\$		
Business check(s)	\$		
Personal check(s)	\$		

<sup>1</sup> 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.