IRS Form **8300** (Rev. August 2014)

Department of the Treasury
Internal Revenue Service

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

▶ **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.

FinCEN Form **8300** (Rev. August 2014)
OMB No. 1506-0018
Department of the Treasury
Financial Crimes
Enforcement Network

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		123-45-6789

7 Address (number, street, and apt. or suite no.)	8 Date of birth (see instructions) ▶
Address of Purchaser Representative	MM DD YYYY: 01 01 1980

9 City	10 State	11 ZIP code	12 Country (if not U.S.)	13 Occupation, profession, or business
Miami	FL	33131		

14 Identifying document (ID)	a Describe ID ▶	b Issued by ▶
	Driver's License	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
	98-7654321

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	FL	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
MM DD YYYY: 08 29 2016	$ Currency/Check Amt.00		$ 1,200,000.00

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

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) ▶

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

Part IV Business That Received Cash

35 Name of business that received cash	36 Employer identification number
Name of Covered Business	54-3216789

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	FL	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	44 Type or print name of contact person	45 Contact telephone number
MM DD YYYY:	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 . . . ▶ (see instructions)	M M D D Y Y Y Y		
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** ▶		

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

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

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 IV

REGTO

Name, 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)