Form 8300

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 July 31, 1997.

OMB No. 1545-0892

(Rev. August 1997)
Department of the Treasur

Interna	al Revenue Service Plea	ise ty	pe or pri	nt.									
1	Check appropriate box(es) if: a Amends prio				b	Susp	iciou	us transacti	on.				
Par					ed								
2	If more than one individual is involved, check here an	id see	e instruct	tions	<u> </u>								
3	Last name	4	First na	ne		5 M.I.	6	Taxpayer ide	entification	number :			
7	Address (number, street, and apt. or suite no.)		8 Date of birth (see instructions)										
9	City 10 State 11 ZIP cod	e 1	2 Coun	try (if	not U.S.)	13 Occ	upat	ion, profes	sion, or b	usiness			
14 b	Document used to verify identity: a Describe	e ider	ntificatior	n ► _	c Num								
Par		ion V	Nae Co	aduc		DEI							
15	If this transaction was conducted on behalf of more t					and see i	nstri	ictions					
16	Individual's last name or Organization's name	1	First na			18 M.I.	1	Taxpayer ide					
20	Doing business as (DBA) name (see instructions)							Employer id	entification	number			
21	Address (number, street, and apt. or suite no.)					22 Occup	patio	n, professio	on, or bus	siness			
23	City 24 State 2)											
27	Alien identification: a Describe identification ►												
b	Issued by				c Num	ber							
Par	t III Description of Transaction and Method	of P	Paymen	t			1						
28	Date cash received29 Total cash received30 If cash was received in more than one payment,							31 Total price if different from item 29					
	: : : : : \$.00			ere		.00						
32	Amount of cash received (in U.S. dollar equivalent) (m	nust e	equal iter	n 29)	(see instr	uctions):							
а	U.S. currency \$ (Amount in \$10)0 bil	lls or higl	ner	\$.00)							
b	Foreign currency \$00 (Country ►												
С	Cashier's check(s) \$ Issuer's nat	me(s)) and ser	ial nu	mber(s) of	the mone	etary	instrument	:(s) ▶				
	Money order(s) \$												
	Bank draft(s) \$0 (
	Traveler's check(s) \$.00 J									·			
	Type of transaction f Debt obligation		•	3	•	•		property or s on number, a					
	Personal property purchased g Exchange					, etc.) ►	sirali		audress, du	JCKEL			
	□ Real property purchased h □ Escrow or	trust	funds		number	, elc.) 🕨 -							
	Personal services provided i Bail bond	ait. () I	•										
d e													
	t IV Business That Received Cash						00	<u> </u>					
35	Name of business that received cash						36	Employer id	1	<u> </u>			
37	Address (number, street, and apt. or suite no.)							Social security number					
38	City 39 State 40	ZIP	code 4	11 N	ature of y	our busine	ess	I					
42	Under penalties of perjury, I declare that to the best o and complete.	f my	knowled	ge the	e informat	ion I have	furn	ished abov	e is true,	correct,			

Signature of authorized official											Title of authorized official									
43	Date of signature	Date M M D D Y Y Y Y 44 of signature		44	Type or print name of contact person	45 Contact telephone number														
For Denerwork Poduction Act Nation and page 4										no 4	Cat No. 601006		Form 8300 (Bay 9.07)							

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

Par	t I Continued—Comple	ete if box	2 0	on pag	ge 1	is cl	hecke	d										
3	Last name					4 Fi	rst nai	ne		5	M.I.	6	Taxp	ayer	identi	ficatior	num	ber
7	Address (number, street, and	I	8 Date (see					irth . uctions)	. ►)	М) D	Y Y	Y	Y			
9	City	10 State	11	ZIP c	ode	12	Coun	try (if	not U.S	5.) 1	3 Occ	upa	tion,	prof	essio	n, or l	busin	ess
14 b	Document used to verify iden Issued by		Number															
3	Last name		4 First name				5	M.I.	6	Taxp	ayer	identi ;	ficatior	num	ber			
7	Address (number, street, and							e of birth ► M M D D e instructions)					Y Y	Y	Y			
9	City	10 State	11	ZIP c	ode	12	Coun	try (if	not U.S	5.) 1	3 Occ	ccupation, profession, or business						
14 b	Document used to verify iden Issued by	icatior	▶.	c Number														
Par	t II Continued—Comple	ete if box	15	on pa	age	1 is d	check	ed										
16	Individual's last name or Orga	nization's ı	nam	e		17 First name					18 M.I. 19 Taxpayer identification numb						ıber :	
20	Doing business as (DBA) nam	e (see inst	ructi	ons)	·					·			Emp	oloyer :	ident	ificatio	n nun	nber :
21	Address (number, street, and	apt. or suit	te no	D .)						22	Occu	patio	on, p	rofes	sion,	or bu	sines	S
23	City		24	State	25	ZIP d	code	26	Country	(if n	ot U.S.)						
27 b	Alien identification: a Desilssued by		Number															
16	Individual's last name or Orga		17 First name				18	M.I.	19	Tax	oayer	identi	fication	n num	ber			
20	Doing business as (DBA) nam								Emp	oloyer	ident	ificatio	n nun	nber				
21	Address (number, street, and	22 Occ						upation, profession, or business										
23	City		24	State	25	ZIP	code	26	Country	(if n	ot U.S.)						
27 b	Alien identification: a Desilesued by	cribe ident	ificat	tion >					c Nu	mbei								