

Currency Transaction Report by Casinos

► Previous editions will not be accepted after September 30, 2003.
 ► Please type or print.

(Complete all applicable parts--See Instructions)



OMB No. 1506-0005

1 If this Form 103 (CTRC) is submitted to amend a prior report check here: and attach a copy of the original CTRC to this form.

Part I Person(s) Involved in Transaction(s)

Section A--Person(s) on Whose Behalf Transaction(s) Is Conducted (Customer)

2 Multiple persons

3 Individual's last name or Organization's name			4 First name			5 M.I.		
6 Permanent address (number, street, and apt. or suite no.)						7 SSN or EIN		
8 City		9 State	10 ZIP code			11 Country (if not U.S.)		12 Date of birth
								MM / DD / YYYY
13 Method used to verify identify: a <input type="checkbox"/> Examined identification credential/document b <input type="checkbox"/> Known Customer - information on file c <input type="checkbox"/> Organization								
14 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other								
e Issued by: _____ f Number: _____								
15 Customer's Account Number								

Section B--Individual(s) Conducting Transaction(s) - If other than above (Agent)

16 Multiple agents

17 Individual's last name			18 First name			19 M.I.		
20 Address (number, street, and apt. or suite no.)						21 SSN		
22 City		23 State	24 ZIP code			25 Country (if not U.S.)		26 Date of birth
								MM / DD / YYYY
27 Method used to verify identify: a <input type="checkbox"/> Examined identification credential/document b <input type="checkbox"/> Known Customer - information on file								
28 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other								
e Issued by: _____ f Number: _____								

Part II Amount and Type of Transaction(s). Complete all items that apply.

29. Multiple transactions

30 CASH IN: (in U.S. dollar equivalent)			31 CASH OUT: (in U.S. dollar equivalent)		
a Purchase(s) of casino chips, tokens, and other gaming instruments \$ _____ .00			a Redemption(s) of casino chips, tokens, and other gaming instruments \$ _____ .00		
b Deposit(s) (front money or safekeeping) _____ .00			b Withdrawal(s) of deposit (front money of safekeeping) _____ .00		
c Payments(s) on credit (including markers) _____ .00			c Advance(s) on credit (including markers) _____ .00		
d Currency wager(s) _____ .00			d Payment(s) on wager(s), including slot jackpot(s) _____ .00		
e Currency received from wire transfer(s) out _____ .00			e Currency paid from wire transfer(s) in _____ .00		
f Purchase(s) of casino check(s) _____ .00			f Negotiable instrument(s) cashed (including checks) _____ .00		
g Currency exchange(s) _____ .00			g Currency exchange(s) _____ .00		
h Other (specify): _____ .00			h Travel and complimentary expenses and gaming incentives _____ .00		
i Enter total of CASH IN transaction(s) \$ _____ .00			i Payment for tournament, contest or other promotions _____ .00		
			j Other (specify): _____ .00		
			K Enter total of CASH OUT transaction(s) \$ _____ .00		
32 Date of transaction (see instructions) _____ / _____ / _____ MM DD YYYY			33 Foreign currency used: _____ (Country)		

Part III Casino Reporting Transactions

34 Casino's trade name		35 Casino's legal name		36 Employer identification number (EIN)	
37 Address (number, street, and apt. or suite no.) where transaction occurred					
38 City			39 State	40 ZIP code	
41 Title of approving official		42 Signature of approving official		43 Date of signature	
				MM / DD / YYYY	
44 Type or print preparer's name		45 Type or print name of person to contact		46 Contact telephone number	
				() - - - - -	

Sign Here ►