

Currency Transaction Report by Casinos – Nevada

Previous editions will not be accepted after May 31, 2004.

Please type or print.

(Complete all applicable parts--See Instructions)



OMB No. 1506-0003

1 Check appropriate box(es) if: **a** Amends prior report **b** Supplemental report

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

Section A – Person(s) on Whose Behalf Transaction(s) Is Conducted (Patron)

2 Multiple persons

3 Individual's last name or Entity'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 code (if not U.S.)	12 Date of birth				
				MM / DD / YYYY				
13 Method used to verify identity: a <input type="checkbox"/> Examined identification credential/document b <input type="checkbox"/> Known Patron - information on file c <input type="checkbox"/> Organization d <input type="checkbox"/> Other								
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 Permanent address (number, street, and apt. or suite no.)						21 SSN		
22 City	23 State	24 ZIP code	25 Country code (if not U.S.)	26 Date of birth				
				MM / DD / YYYY				
27 Method used to verify identity: a <input type="checkbox"/> Examined identification credential b <input type="checkbox"/> Known patron - information on file c <input type="checkbox"/> Other								
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 Box 31 or 32)

29 Multiple transactions 30 Dissimilar transactions

31 CASH IN: (in U.S. dollar equivalent) a Purchase of casino chips, tokens, and other gaming instrumentalities \$ _____ .00 b Deposit (front money or safekeeping) _____ .00 c Payments on credit (including markers) _____ .00 d Table game cash bet lost _____ .00 e Non-table game cash bet. _____ .00 f Other (specify) _____ .00 g Enter total amount of CASH IN transaction \$ _____ .00	32 CASH OUT: (in U.S. dollar equivalent) a Redemption of casino chips, tokens, and other gaming instrumentalities \$ _____ .00 b Withdrawal of deposit (front money of safekeeping) _____ .00 c Advance on credit (including markers) _____ .00 d Payment on bet (including slot jackpot) _____ .00 e Currency paid from wire transfer in _____ .00 f Negotiable instrument cashed (including checks) _____ .00 g Travel and complimentary expenses and gaming incentives _____ .00 h Payment for tournament, contest or other promotions _____ .00 i Other (specify) _____ .00 j Enter total amount of CASH OUT transaction \$ _____ .00
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33 Date of transaction (see instructions) MM / DD / YYYY	34 Time of transaction : _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	35 Foreign currency used (country code)
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36 Additional information

Part III Casino Reporting Transaction(s)

37 Casino's trade name		38 Casino's legal name		39 Employer identification number (EIN)	
40 Address (number, street, and apt. or suite no.) where transaction occurred				41 Contact Telephone Number ()	
42 City	43 State	44 ZIP code	45 Country code (if not U.S.)		
Sign Here ▶	46 Name and title of recorder/handler		47 Signature of recorder/handler		48 Date of signature
	49 Name and title of reviewer		50 Signature of reviewer		51 Date of signature
				MM / DD / YYYY	