

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

Department of the Treasury
Internal Revenue Service

▶ 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.

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 Smith		4 First name Jack		5 M.I. A	6 Taxpayer identification number 1 2 3 4 5 6 7 8 9				
7 Address (number, street, and apt. or suite no.) 123 ABC Street				8 Date of birth (see instructions) M M D D Y Y Y Y		0 1 0 1 1 9 9 0		13 Occupation, profession, or business Delivery Boy	
9 City Denver		10 State C O	11 ZIP code 80248	12 Country (if not U.S.)		13 Occupation, profession, or business			
14 Identifying document (ID)	a Describe ID ▶ Drivers License			b Issued by ▶ CO					
	c Number ▶ 12344567								

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 Dispensary Co.		17 First name		18 M.I.	19 Taxpayer identification number				
20 Doing business as (DBA) name (see instructions) Weedtopia				Employer identification number		1 2 3 4 5 6 7 8 9			
21 Address (number, street, and apt. or suite no.) 987 DEF Street		22 Occupation, profession, or business Cannabis Retail Store							
23 City Denver		24 State C O	25 ZIP code 80248	26 Country (if not U.S.)					
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 M M D D Y Y Y Y 0 7 0 1 2 0 1 7	29 Total cash received \$ 14,000.00	30 If cash was received in more than one payment, check here <input type="checkbox"/>	31 Total price if different from item 29 \$ 4,000.00
32 Amount of cash received (in U.S. dollar equivalent) (must equal item 29) (see instructions):			
a U.S. currency	\$ 14,000.00	(Amount in \$100 bills or higher \$.00)	
b Foreign currency	\$.00	(Country ▶)	
c Cashier's check(s)	\$.00	} Issuer's name(s) and serial number(s) of the monetary instrument(s) ▶	
d Money order(s)	\$.00		
e Bank draft(s)	\$.00		
f Traveler's check(s)	\$.00		
33 Type of transaction		34 Specific description of property or service shown in 33. Give serial or registration number, address, docket number, etc. ▶ 10 lbs of Cannabis	
a <input type="checkbox"/> Personal property purchased	f <input type="checkbox"/> Debt obligations paid		
b <input checked="" type="checkbox"/> Real property purchased	g <input type="checkbox"/> Exchange of cash		
c <input type="checkbox"/> Personal services provided	h <input type="checkbox"/> Escrow or trust funds		
d <input type="checkbox"/> Business services provided	i <input type="checkbox"/> Bail received by court clerks		
e <input type="checkbox"/> Intangible property purchased	j <input type="checkbox"/> Other (specify in item 34) ▶		

Part IV Business That Received Cash

35 Name of business that received cash Grow Co		36 Employer identification number 9 8 7 6 5 4 3 2 1	
37 Address (number, street, and apt. or suite no.) 1 County Rd		Social security number	
38 City Aurora		39 State C O	40 ZIP code 84523
		41 Nature of your business Cannabis cultivation	

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 M M D D Y Y Y Y	44 Type or print name of contact person	45 Contact telephone number

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

Form section for Part I, entry 1. Fields include: 3 Last name, 4 First name, 5 M.I., 6 Taxpayer identification number, 7 Address, 8 Date of birth, 9 City, 10 State, 11 ZIP code, 12 Country, 13 Occupation, 14 Identifying document (ID) with sub-fields a, b, and c.

Form section for Part I, entry 2. Fields include: 3 Last name, 4 First name, 5 M.I., 6 Taxpayer identification number, 7 Address, 8 Date of birth, 9 City, 10 State, 11 ZIP code, 12 Country, 13 Occupation, 14 Identifying document (ID) with sub-fields a, b, and c.

Part II Continued—Complete if box 15 on page 1 is checked

Form section for Part II, entry 1. Fields include: 16 Individual's last name or organization's name, 17 First name, 18 M.I., 19 Taxpayer identification number, 20 Doing business as (DBA) name, 21 Address, 22 Occupation, 23 City, 24 State, 25 ZIP code, 26 Country, 27 Alien identification (ID) with sub-fields a, b, and c.

Form section for Part II, entry 2. Fields include: 16 Individual's last name or organization's name, 17 First name, 18 M.I., 19 Taxpayer identification number, 20 Doing business as (DBA) name, 21 Address, 22 Occupation, 23 City, 24 State, 25 ZIP code, 26 Country, 27 Alien identification (ID) with sub-fields a, b, and c.

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