SPECIFICATIONS FOR MAGNETIC MEDIA FILING

OF

CASINOS AND CARD CLUBS SUSPICIOUS ACTIVITY REPORTS (SARC)

FORM FinCEN 102

July 2004

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

These Specifications for Magnetic Media Filing of Suspicious Activity Reports By Casinos and Card Clubs (FinCEN 102) were developed under the sponsorship of the following:

Department of the Treasury

Director, Financial Crimes Enforcement Network

Internal Management Systems Division

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Purpose

The purpose of this specification is to provide the requirements and conditions for filing Suspicious Activity Report by Casinos and Card Clubs (SARC), Form FinCEN 102 on magnetic media.

The magnetic media forwarded to the Detroit Computing Center (DCC) will be considered as a substitute for the paper document, provided the transaction is accepted by the DCC system. Receipt and acknowledgment of magnetic media is further discussed in a later section

These specifications apply to the program for the filing of SARCs submitted on magnetic cartridge, or diskette.

Approval to participate in the magnetic media reporting program is contingent upon the filer following these steps:

- Review specifications
- File application to participate
- Satisfy Acceptance Testing Procedures
- Receive formal DCC approval
- File reports every two to four weeks (as required)
- Monitor quality

Continued participation in the Magnetic Media Program is contingent upon maintenance of quality standards and timely reporting.

Application for Magnetic Media Reporting

For purposes of these specifications, the FILER is the organization responsible for filing the SARC. The Casino and transmitter may be the same or different

organizations.

Generally, card clubs are subject to the same rules as Casinos, unless a different requirement for card clubs is explicitly stated in 31 CFR Part 103. Therefore, the term "Casino" when used in this document includes a reference both to a Casino and to a Card Club.

Filers are required to complete and send to the Internal Revenue Service Detroit Computing Center (DCC) an "Application for Magnetic Media Reporting of Currency Transactions" (Form DCC-4419).

The application should be filed with DCC as soon as possible after receipt of these specifications. DCC will act on the application and notify the applicant of authorization to file. Magnetic media may not be filed with DCC until the applicant has received approval.

Approval of applications to file SARCs on magnetic media will be contingent upon the applicant satisfactorily passing an acceptance test.

Filing of Magnetic Media Reports General:

DCC will advise magnetic filers when they may begin to file using magnetic media. This will be as early as possible after receipt of the application. Until this notification has been issued, magnetic media will not be accepted.

If files are unreadable due to format errors, etc., we will contact the transmitter by telephone to send a replacement for the file.

Any filer whose error rates remain at a high level on a continuing basis may risk being discontinued as a magnetic media filer.

Filers are required to retain a copy of the SARC data and all original supporting documentation or business record equivalent for five years from the date of the suspicious activity report. All supporting documentation must be made available to appropriate authorities upon request.

Transmittal Process:

Magnetic media files and transmittals are submitted to DCC. Form(s) DCC-4804 and DCC-4802 (for multiple filers), must accompany magnetic submissions. **DO NOT MAIL THE MEDIA AND THE TRANSMITTAL SEPARATELY**. DCC encourages the use of a substitute computer generated Form 4804 and/or Form 4802, which includes all information requested on the actual form. Substitute forms should follow the format of the transmittal form.

All submitted magnetic media files, must include the following:

- A Form 4804 or computer generated substitute.
- The magnetic media with an external identifying label.
- A statement on the outside of the shipping container that says 'Attn: Tape Library Deliver unopened: SARC Magnetic Media. If there is only one container, mark the outside as 1 of 1. For multiple containers, include the sequence (e.g., 1 of 3, 2 of 3, etc.).
- DCC will not pay or accept 'Collect on Delivery' or 'Charged to IRS' shipments of SARCs on magnetic media that an individual or organization is legally required to report.

Data Sequencing and Validation Criteria

The following data controls must be followed or the SARC magnetic media will be rejected. The data records must be in the

following sequence:

• Transmitter (1A)

There can only be one of this record type and it must be the first record on the file

• Casino or Card Club (2A)

There can be more than one of this record type depending on the number of different Casinos or Card Clubs, which are included on the file. This record type will immediately precede all records, which relate to the Casino or card club.

• Suspicious Activity (3A)

There can be more than one of this record type on the file depending on the number of suspicious activities being reported for a Casino or Card club.

• Subject Information (4A)

There can be more than one of this record type dependent on the number of persons involved in this suspicious activity.

• Narrative Description (6A)

There can be more than one of this record type depending on the length of the explanation given for the suspicious activity.

• Casino/Card Club Summary (9A)

There must be one of this record type for each

Casino/Card Club reporting. It must be the last

record associated with the Casino/Card Club.

• File Summary (9Z)

There must be one of these records on the file and it must be the last record on the file.

Acceptance Procedures

The Filer will be asked to provide a test file to DCC that is consistent with these

requirements.

Final acceptance of the filer's test file will be as follows:

- The test data will consist of a set of reports, containing the data normally supplied by the filer.
- The test file should contain more than 25 reports.
- Upon receipt of the filer's test file DCC will test, review and provide feedback to the filer within ten working days.
- If 95% of the filer's test returns are errorfree and the file is correctly formatted, final acceptance will be issued by DCC allowing the filer to participate in the Magnetic Media Program.
- When a test file is found to be incorrectly formatted or more than 5% of the filer's test returns contain errors, DCC will identify to the filer the type of errors encountered. A new set of test data should be forwarded to DCC. The filer is responsible for correcting their software to eliminate the identified errors and any related errors.
- If, after three attempts, the filer's test file continues to be unacceptable, the filer must confer with the SARC Magnetic Media Coordinator and develop an acceptable plan for correcting deficiencies before any further tests are allowed.
- Filers granted acceptance will be notified.
- When several filers use the same service bureau system, only one test file of magnetic returns is required to cover the acceptance of all participating filers.
- DCC will issue a Transmitter Control Code (TCC) to be used with all submissions of SARCs.

Filing Dates

Filing using magnetic media will be on a continuous basis. Magnetic media must be prepared and submitted to DCC for processing no later than 30 calendar days after the date of initial detection of facts that may constitute a basis for filing a SARC. If no subject was identified on the date of detection of the incident requiring the filing, a Casino/Card Club may delay filing a SARC for an additional 30 calendar days to identify a Subject. In no case shall reporting be delayed more than 60 calendar days after the date of initial detection of a reportable transaction.

Receipt and Acknowledgment of Magnetic Media Files

SARCs will not be acknowledged to the transmitter. Cartridges will be returned with the original data removed.

Filing Corrected Reports

If a SARC that was prepared and submitted on magnetic media must be corrected, you must file a complete corrected SARC as soon as possible. All fields must be completed with the correct information, NOT JUST THE DATA FIELDS NEEDING CORRECTION. Corrected SARCs will be accepted on magnetic media. Corrected and Supplemental magnetically filed SARCs must include the appropriate code indicator

Magnetic Media Coordinator Contacts

Direct all requests for Magnetic Media related publications or information to the following address:

SARC Magnetic Media Coordinator Internal Revenue Service 985 Michigan Ave. Detroit, MI 48226-2458 Phone Number (313) 234-2011 Fax Number (313) 234-1614

General Specifications

Diskette/Cartridge Specifications:

These specifications define the file characteristics acceptable for magnetic media reporting. These characteristics must be followed unless specifically authorized by the DCC in writing.

All records should be fixed in length to the size specified for each record type. Usually DCC will be able to process a compatible cartridge file. The standard file characteristics are nine track tapes and 18 or 36 track cartridges, EBCDIC, odd parity, 6250 BPI and **standard labels**. The standard data set name to be used on cartridges is **ICCSP.SARCMAG.F102**.

Files must have the following attributes:

An external label must appear on each cartridge submitted for processing. The following information should appear on the label:

- The transmitters name
- Date of preparation
- A number assigned by the preparer that must match the number on the internal label (6 alpha numeric characters)
- Number of reels in file, including reel sequence number (i.e., 01 of 08)

Note: To allow better control processing of your files, uniquely numbered cartridge numbers must be transmitted when using multiple cartridges.

For the purposes of these specifications the following conventions must be used for internal labels:

Header Label

Standard headers provided they begin with 1HDR, HDR1, VOL1, VOL2,

UHL1, or 'b LABEL'.

Consist of a maximum of 80 positions.

Trailer Label

Standard trailer labels may be used provided that they begin with 1EOR, 1EOF, EOR1, EOF1, EOV1, or EOV2.

Consist of a maximum of 80 positions.

Diskette Specifications:

These specifications define the file characteristics acceptable for diskette media reporting. These characteristics must be adhered to unless specifically authorized by DCC in writing.

All records should be fixed in length to the size specified for each record type. Usually DCC will be able to process a compatible diskette file. The standard file characteristic is 3.5 inch diskette double sided/double density or double sided/high density. The standard data set name to be used on files is **SARCMAG**.

All diskettes must be generated using MS-DOS on an IBM compatible personal computer in ASCII mode. All alphabetic characters must be in **upper case only.**

An external label must appear on each diskette submitted for processing. The following information should appear on the label:

- Contact Person and Telephone Number
- Date of preparation
- Diskette sequence number (i.e., 01 of 03)
- Coverage beginning and ending dates
- Number of SARC records

The diskette records defined in these specifications should be unblocked 420 character records. The industry standard record delimiter for diskette data records is the two byte combination of 0D0A hexadecimal characters (carriage return, line feed).

Note: Diskettes will not be returned.

Overview of File

This file is an alternative to filing SARCs on paper. If you file a transaction on MAGNETIC MEDIA DO NOT FILE a paper SARC for the same SARC.

All initial, corrected, supplemental and late report filings can be submitted on magnetic media.

SARCs, which have missing or incomplete information, are considered original (initial) filings. When information becomes available they should be replaced on magnetic media, include the corrected or supplemental indicator code.

All dates are to be in the format of **century**, year, month, day with month and day both **being right justified and zero filled.**

Money amounts **should be right justified and zero filled.** Enter dollar amounts only, all cents should be rounded up to the next higher dollar amount (i.e., \$10,000.01 should be reported as \$10001).

All name, address, and city fields are to be **left justified and space filled.**

All Alphabetic characters must be in upper case.

All name and address fields relating to SARC data must follow the Name Editing Conventions specified in the attachments.

Account numbers must NOT contain leading zeroes unless they are part of the actual account number.

All entries must be:

Left justified and space filled.

Do not include lower case characters in the file.

All 'Filler' fields should be space filled.

Do not use low values.

Record Types (Input)

Transmitter (1A) Record - Required

The first record on each file is to be the transmitter record, which will contain information identifying the transmitter (person or organization handling the data accumulation and formatting). There will be only one Transmitter Record on each magnetic media file. Include the following data elements in this record:

Field			
Pos.	Field Name	Length	Description and Remark
1 – 2	Record Type	2	Required. Enter `1A`.
3 – 37	Transmitter Name	35	Required. Enter the name of an individual or an organization that is transmitting the transactions on this file.
38 – 67	Transmitter Address	30	Required. Enter the street address of the transmitter.
68 – 92	Transmitter City	25	Required. Enter the city of the transmitter.
93 – 94	Transmitter State	2	Required. Enter the transmitter state in abbreviated form. Use the country and state standard abbreviations in the attachments.
95 – 103	Transmitter Zip Code	9	Required. Enter the transmitter Zip Code.
104 – 106	Transmitter Area Code	3	Required. Enter the transmitter area code.
107 – 113	TransmitterTelephone	7	Required. Enter the telephone number.
114 – 148	Transmitter Contact	35	Required. Enter the name of an official contact for the transmitter.
149 – 157	Transmitter EIN	9	Required. This must be the valid nine-digit number assigned to the transmitter by IRS. Do not enter hyphens, slashes, ALPHA characters, all 9's, or all zeroes.
158 – 165	Coverage Beginning Date	8	Required. This will be the date of the earliest original on the file. It is to be a numeric 8-digit field in format century, year, month, and day.
166 – 173	Coverage Ending Date	8	Required. This will be the date of the latest original transaction on the file. It is to be a numeric 8-digit field in format century, year, month, and day.
174 – 181	Transmitter Control Code	8	Required. This is the code assigned by the IRS. This code is also entered on Form 4804.
182 – 409	Filler	228	
410	Format Indicator	1	Required. Enter "1".
411 – 420	User Field	10	

Casino/Card Club (2A) Record - Required

This record identifies information regarding the Casino or Card Club. The number of Casino or Card Club records will depend on the number of different Casinos or Card Clubs that are included on the file. Include the following data elements in this record:

Field				
Pos	Field Name	Length	Description and Remarks	
1 – 2	Record Type	2	Required. Enter '2A'.	
3 – 7	Transaction Sequence	5	Required. Enter a sequential number starting with 00001 and increment by 1 for each suspicious transaction (3A) record.	
8 – 42	Casino/Card Club Trade Name	35	Required. Enter the Casino or Card Club's full trade name.	
43 – 77	Casino/Card Club Legal Name	35	Required. Enter the Casino or Card Club's full legal name.	
78 –107	Casino/Card Club Address	30	Required. Enter the address of the Casino or Card Club. Do not abbreviate.	
108132	Casino/Card Club City	25	Required. Enter the city where the Casino/Card Club is located.	
133134	Casino/Card Club State	2	Required. Enter the two (2) character state code from the standard state code abbreviations in the attachments.	
135 –143	Casino/Card Club Zip Code	9	Required. Enter the zip code for the Casino or Card Club.	
144 –152	Casino/Card Club EIN	9	Required. Enter the EIN of the Casino or Card Club.	
153 –154	Type of Gaming Casino or Card Club	2	Enter the type of gaming Casino or Card Club as follows: A - State Licensed Casino B - Tribal Licensed Casino C - Card Club D - Other	
155 –174	Type of Gaming Other Description	20	If 'D - Other' enter a description of the gaming type.	
175 –209	Contact name	35	Required. Enter the individual's name to be contacted regarding this report in the format last name/first name/middle initial. Left justified and space filled. Follow the Name Editing Conventions shown in the attachment.	
210 –249	Contact Title/Position	40	Required. Contact person's Title/Position.	
250 –252	Contact Area Code	3	Required. Contact person's area code	

Casino/Card Club (2A) Record – Required Continued

Field Pos	Field Name	Length	Description and Remarks
253 – 259	Contact telephone	7	Required. Contact person's telephone number.
260 – 267	Prepared Date	8	Required. Date Report prepared. YYYYMMDD format.
268 – 410	Filler	143	
411 – 420	User Field	10	

Suspicious Activity (3A) Record - Required

This record identifies and describes the suspicious activity report. It occurs one time per suspicious activity. Include the following data elements in this record:

Field
Pos

Pos	Field Name	Length	Description and Remarks		
1 – 2	Record Type	2	Required. Enter '3A'.		
3 – 7	Transaction Sequence	5	Required. Enter a sequential number starting with 00001 and increment by 1 for each suspicious transaction (3A) record.		
8 – 8	Enforcement Agency Code	1	Enter the agency contacted: A = DEA		
			I = State law enforcement		
			J = Tribal gaming commission		
			K = Tribal law enforcement		
			L = Other (List in enforcement agency name)		
9 – 43	Enforcement Agency Name	35	Enter the name of the Law Enforcement Agency already contacted, if B, G through I, or L checked above. List U.S. Attorney office here.		
44 – 78	Enforcement Agency Person Contacted	35	Enter the name of the person contacted at the Enforcement Agency in the format last name/first name/middle initial, left justified and space filled. Follow the Name Editing Conventions shown in the attachment		
79 – 81	Enforcement Agency Contact Area Code	3	Enter the area code of the contact person at the Enforcement Agency.		
82 – 88	Enforcement Agency Contact Phone Number	7	Enter the phone number of the contact person at the Enforcement Agency.		
89 – 96	Enforcement Agency Contact Date	8	Enter the date Enforcement Agency contacted YYYYMMDD format.		
97 – 104	From Suspicious Activity Date	8	Required. Enter the suspicious activity date or Beginning suspicious activity date (if including a range of activity dates). YYYYMMDD format.		
105 – 112	To Suspicious Activity date	8	Required. Enter the ending date of suspicious activity (if including a range of violation date) or leave blank. YYYYMMDD format.		

Suspicious Activity (3A) Record - Continued

Field			
Pos	Field Name	Length	Description and Remarks
113 – 122	Suspicious Activity Amount	10	Required. Enter the total dollar amount involved in known or suspected suspicious activity. Must be numeric, dollars and no cents, right justified, and zero fill.
123 – 139	Suspicious Activity Type	17	Required. A maximum of 17 suspicious activity types as follows:
			A = Bribery/Gratuity B = Check Fraud (includes counterfeit) C = Credit/ Debit Card Fraud (inc. counterfeit) D = Embezzlement/theft E = Large currency exchange (s) F = Minimal gaming with large transactions G = Misuse of position H = Money laundering I = No apparent business or lawful purpose J = Structuring
			 K = Unusual use of negotiable instruments (checks) L = Use of multiple credit or deposit accounts M = Unusual use of wire transfers N = Unusual use of counter checks (markers)
			O = False or conflicting ID (s) P = Terrorist financing
			Q = Other (describe on 6A record)
140 – 141	Number of Subjects	2	Required. Number of Subject Records. Must be equal to the number of Subject 4A Records.
142 – 143	Number of Explanation/ Description records	2	Required. Number of Explanation/Description records Must be equal to the number of Explanation/Description 6A Records.
144 – 144	Corrects Prior Report Indicator	1	Enter 'X' if corrects prior report.
145 – 145	Subject Information Unavailable	1	Enter 'X' if all the Subject's information is unavailable. If this box is checked, there will be no 4A record.
146 – 146	Multiple Subject indicator	1	Enter 'X' if there is more than one Subject.
147 – 410	Filler	264	
411 – 420	User Field	10	

Subject Information (4A) Record - Required

This record contains information related to the Subjects identity. There can be more than one of these records if there are multiple Subjects for the same suspicious activity.

Field Pos	Field Name	Length	Description and Remarks	
1 – 2	Record Type	2	Required. Enter "4A".	
3 – 7	Transaction Sequence No.	5	Required. Enter the transaction sequence number from the associated 3A record.	
8 – 42	Subject's Name	35	Required. Enter the name of the Subject in the format last name/first name/middle initial, left justified and space filled. Follow the Name Editing Conventions shown in the attachment.	
43 – 77	Subject's AKA / DBA Name	35	Required. Enter the name of the Subject in the format last name/first name/middle initial. Left justified and space filled. Follow the Name Editing Conventions shown in the attachment.	
78 - 107	Subject's Address	30	Required. Enter the street address of the Subject. Left justified and space filled.	
108 -132	Subject's City	25	Required. Enter the Subject's city. Left justified and space filled.	
133 -134	Subject's State	2	Required. From the attachment, select the appropriate state code for the Subject.	
135 -143	Subject's Zip Code	9	Required. Enter the zip code for the Subject.	
144 - 145	Subject's Country	2	Required. From the attachment, select the appropriate country code.	
146 - 154	Subject's TIN	9	Required. Enter the SSN/ITIN/TIN of Subject.	
155 - 162	Subject's Date of Birth	8	Enter Subject's date of birth. It is to be a numeric eight digit field in the format YYYYMMDD.	
163 - 165	Subject's Home Area Code	3	Enter Subject's residence area code.	
166 - 172	Subject's Home Phone Number	7	Enter Subject's residence telephone number.	
173 - 175	Subject's Work Area Code	3	Enter Subject's work area code.	
176 - 182	Subject's Work Phone No.	7	Enter Subject's work telephone number.	

Field Pos	Field Name	Length	Description and Remarks
183 -212	Subject's E- mail Address	30	Enter the E-mail address of the Subject if known.

Subject Information (4A) Record - continued

Field Pos	Field Name	Length	Description and Remarks
213 –242	Subject's Occupation	30	Enter the occupation, profession, or business of the Subject (i.e. attorney, securities broker, auto dealer, etc.)".
243 – 243	Subject's Identification	1	Required. Enter the appropriate code for the method by which the individual's identity was verified. A Drivers' License/State Id B Passport C Alien Registration D Other Identification
244 – 263	Subject's Id Other Description	20	Required. If 'D - Other' enter the description of Identification.
264 – 285	Subject's Identification Number	22	Required. Enter the number used for identification.
286 – 287	Subject Issuing Authority	2	Required. Enter the appropriate code to designate the state/country where the identification was issued.
288 – 295	Subject's Vehicle License number	8	Enter the number on the vehicle's license.
296 – 297	Subject's Vehicle State Code	2	Enter the vehicle's state code
298 – 319	Subject's Account Number	22	Required. Account number affected, if any.
320	Subject No Account Affected Indicator	1	Required. Enter 'X' if no account is affected.
321	Subject Account Opened Indicator	1	Required. Enter the appropriate code A for Yes B for No
322 – 327	Subject's Relationship Code	6	Enter the appropriate code(s) from the list below of the Subjects affiliation or relationship to the Casino or Card Club. Include 6 applicable items. Left justify and space fill if less than 6 items: A - Customer B - Agent C - Junket/Tour Operator D - Employee E - Check Cashing Operator F - Supplier G - Concessionaire H - Other (describe on 6A record)

Field			
Pos	Field Name	Length	Description and Remarks
328	Subject's Affiliation Indicator	1	Subject currently affiliated with the Casino or Card Club. Enter the appropriate code from the list below:
			A for Yes
			B for No
329	Subject's Affiliation Code	1	If 'No' indicated above, enter the appropriate code from the list below:
			C - Barred
			D - Resigned
			E - Terminated
			F - Other (describe on 6A record)
331 – 338	Subject Action Date	8	Enter date affiliation action was taken. It is to be a numeric eight digit field in the format YYYYMMDD.
339 – 410	Filler	73	
411 – 420	User Filed	10	

Narrative Description (6A) Record - Required

This record contains a detailed Explanation/Description of known or suspected violation of law. This record may occur multiple times. Include the following data elements in this record:

Field			
Pos.	Field Name	Length	Description and Remarks
1 2	Record Type	2	Required. Enter "6A".
3 7	Transaction Sequence No.	5	Required. Enter the transaction sequence number from the associated 3A record.
8 403	Explanation/Descri ption	396	Required. Enter a detailed Explanation/description of the Suspicious Activity. Upper case characters only. Do not use low values or special characters.
404 410	Filler	7	
411420	User Field	10	

Casino/Card Club Summary (9A) Record - Required

This record is required. There should be one of these records on the file for each Casino/Card Club that is being reported. This record contains counts of the number of each type of record for the Casino/Card Club.

Field Pos.	Field Name	Lengt h	Description and Remarks
1 – 2	Record Type	2	Required. Enter `9A'.
3 – 9	Casino SAR Count	7	Required. Enter number Casino SAR documents filed.
10 –16	Suspicious Activity Count	7	Required. Enter a count of the number of Suspicious Activity Records (3A) for the branch.
17 –23	Subject Record Count	7	Required. Enter the number of Subject (4A) records for the branch.
24 –30	Explanation/Description	7	Required. Enter the number of description/Explanation (6A) records for the branch.
31410	Filler	380	
411 -420	User Field	10	

File Summary (9Z) Record - Required

There should only be one of these records on the file and it must be the very last record on the file. This record contains counts of the number of the various record types that are on the file. These records should contain the following:

Field			
Pos.	Field Name	Length	Description and Remarks
1 – 2	Record Type	2	Required. Enter `9Z'.
3 – 9	Casino/Card Club Record Count	7	Required. Enter count of Casino/Card Club records. 2A
10 – 16	Suspicious record count	7	Required. Enter count of suspicious records. 3A
17 – 23	Subject Record Count	7	Required. Enter count of Subject records. 4A
24 – 30	Explanation/Description	7	Required. Enter count of explanation/description records. 6A
31 – 410	Filler	380	
411 – 420	User Field	10	

Attachments - Standard (Country/Sta	te Abbreviations	
U.S. States	South Dakota	SD	
Alabama	AL	Tennessee	TN
Alaska	AK	Texas	TX
APO/FPO (ZIP 090xx - 098xx)	AE	Unknown, Other State	UN
APO/FPO (ZIP 340xx)	AA	Utah	UT
APO/FPO (ZIP 962xx - 966xx)	AP	Vermont	VT
Arizona	AZ	Virginia	VA
Arkansas	AR	Washington	WA
California	CA	West Virginia	WV
Colorado	CO	Wisconsin	WI
Connecticut	CT	Wyoming	WY
Delaware	DE	, - 3	
District of Columbia	DC	U.S. Territories	
Florida	FL	American Samoa	AS
Georgia	GA	Guam	GU
Hawaii	HI	Marshall Islands	МН
Idaho	ID	Micronesia, Federated States	FM
Illinois	IL	Northern Mariana Islands	MP
Indiana	IN	Palau	PW
Iowa	IA	Puerto Rico (USPS)	PR
Kansas	KS	U.S. Virgin Islands	VI
Kentucky	KY	· ·	
Louisiana	LA	Canada States/Territori	es
Maine	ME	Alberta	AB
Maryland	MD	British Columbia	ВС
Massachusetts	MA	Manitoba	MB
Michigan	MI	New Brunswick	NB
Minnesota	MN	Newfoundland and Labrador	NF
Mississippi	MS	Northwest Territory	NT
Missouri	MO	Nova Scotia	NS
Montana	MT	Nunavut	NU
Nebraska	NE	Ontario	ON
Nevada	NV	Prince Edward Island	PΕ
New Hampshire	NH	Quebec	QC
New Jersey	NJ	Saskatchewan	SK
New Mexico	NM	Yukon Territory	ΥT
New York	NY		
North Carolina	NC	Mexico States/Territorio	es
North Dakota	ND	Aguascalientes	AG
Ohio	ОН	Baja, California (Territory North)	BA
Oklahoma	OK	Baja, California (Territory South)	BJ
Oregon	OR	Campeche	CE
Pennsylvania	PA	Chiapas	CI
Rhode Island	RI	Chihuahua	CH

SC

Coahuila de Zaragoza

South Carolina

CU

Colima	CL	Belgium	BE
Destrito Federal	DF	Belize	BH
Durango	DO	Benin	BN
Guanajuato	GU	Bermuda	BD
Guerrero	GR	Bhutan	ВТ
Hidalgo	HL	Bolivia	BL
Jalisco	JL	Bosnia & Hercegovina	BK
Michoacande Ocampo	MC	Botswana	ВС
Morelos	MR	Bouvet Island	BV
Nayarit	NA	Brazil	BR
Neuvo Leon	NL	British Indian Ocean Territory	Ю
Oaxaca	OA	British Virgin Islands	VI
Puebla	РВ	Brunei	ВХ
Queretaro de Arteaga	QU	Bulgaria	BU
Quintana Roo	QR	Burkina Faso	UV
San Luis Potosi	SL	Burma	BM
Sinaloa	SI	Burundi	BY
Sonora	SO	Cambodia	СВ
Tabasco	TB	Cameroon	CM
Tamaulipas	TA	Canada	CA
Tlaxcala	TL	Cape Verde	CV
Veracruz-Llave	VC	Cayman Islands	CJ
Yucatan	YU	Central African Republic	CT
Zacatecas	ZA	Chad	CD
		Chile	CI
Country/Territory		China (Mainland)	CH
Afghanistan	AF	China (Taiwan)	TW
Albania	AL	Christmas Island	KT
Algeria	AG	Clipperton Island	ΙP
Andorra	AN	Cocos Islands	CK
Angola	AO	Colombia	CO
Anguilla	AV	Comoros	CN
Antarctica	AY	Congo (Brazzaville)	CF
Antigua & Barbuda	AC	Congo (Kinshasa)	CG
Argentina	AR	Cook Islands	CW
Armenia	AM	Coral Sea Islands	CR
Aruba	AA	Costa Rica	CS
Ashmore & Cartier Islands	AT	Cote d'Ivoire	IV
Australia	AS	Croatia	HR
Austria	AU	Cuba	CU
Azerbaijan	AJ	Cyprus	CY
Bahamas	BF	Czech Republic	ΕZ
Bahrain	BA	Denmark	DA
Bangladesh	BG	Djibouti	DJ
Barbados	BB	Dominica	DO
Bassas Da India	BS	Dominican Republic	DR
Belarus	ВО	East Timor	TT
		Equador	EC

Egypt	EG	Israel	IS
El Salvador	ES	Italy	ΙT
England	UK	Ivory Coast (Cote d"Ivoire)	IV
Equatorial Guinea	EK	Jamaica	JM
Eritrea	ER	Jan Mayen	JN
Estonia	EN	Japan	JA
Ethiopia	ET	Jersey	JΕ
Europa Island	EU	Jordan	JO
Falkland Islands (Islas Malvinas)	FA	Juan De Nova Island	JU
Faroe Island	FO	Kazakhstan	ΚZ
Fiji	FJ	Kenya	ΚE
Finland	FI	Kiribati	KR
France	FR	Korea, North	KN
French Guiana	FG	Korea, South	KS
French Polynesia	FP	Kuwait	KU
French Southern & Antarctic	FS	Kyrgyzstan	KG
Gabon	GB	Laos	LA
Gambia	GA	Latvia	LG
Gaza Strip	GZ	Lebanon	LE
Georgia	GG	Lesotho	LT
Germany	GM	Liberia	LI
Ghana	GH	Libya	LY
Gibraltar	GI	Liechtenstein	LS
Glorioso Islands	GO	Lithuania	LH
Golan Heights	SY	Luxembourg	LU
Great Britain	UK	Macao	MC
Greece	GR	Macedonia	MK
Greenland	GL	Madagascar	MA
Grenada	GJ	Malawi	MI
Guadeloupe	GP	Malaysia	MY
Guatemala	GT	Maldives	MV
Guernsey	GK	Mali	ML
Guinea	GV	Malta	MT
Guinea-Bissau	PU	Marshall Islands	RM
Guyana	GY	Martinique	MB
Haiti	HA	Mauritania	MR
Heard & McDonald Islands	HM	Mauritius	MP
Holy See (Vatican City)	VT	Mayotte	MF
Honduras	НО	Mexico	MX
Hong Kong	HK	Moldova	MD
Hungary	HU	Monaco	MN
Iceland	IC	Mongolia	MG
India	IN	Montserrat	MH
Indonesia	ID	Morocco	MO
Iran	IR	Mozambique	MZ
Iraq	IZ	Namibia	WA
Ireland	EI	Nauru	NR
Isle of Man	IM	Navassa Island	BQ

Nepal	NP	S. Georgia & S. Sandwich Islands	SX
Netherlands	NL	Spain	SP
Netherlands (Antilles)	NT	Spratley Islands	PG
New Caledonia	NC	Sri Lanka (Ceylon)	CE
New Zealand	NZ	Sudan	SU
Nicaragua	NU	Suriname	NS
Niger	NG	Svalbard	SV
Nigeria	NI	Swaziland	WZ
Niue	NE	Sweden	SW
Norfolk Island	NF	Switzerland	SZ
Norway	NO	Syria	SY
Oman (Muscat)	MU	Taiwan	TW
Pakistan	PK	Tajikistan	ΤI
Palau	PS	Tanzania	TZ
Panama	PM	Thailand	TH
Papua-New Guinea	PP	Togo	TO
Paracel Islands	PF	Tokelau Islands	TL
Paraguay	PA	Tonga	TN
Peru	PE	Trinidad & Tobago	TD
Philippines	RP	Tromelin Island	TE
Pitcairn Island	PC	Tunisia	TS
Poland	PL	Turkey	TU
Portugal	РО	Turkmenistan	TX
Qatar	QA	Turks & Caicos Islands	TK
Reunion	RE	Tuvalu	TV
Romania	RO	Uganda	UG
Russia	RS	Ukraine	UP
Rwanda	RW	United Arab Emirates	ΑE
Saint Helena	SH	United Kingdom	UK
Saint Kitts & Nevis	SC	United States of America	US
Saint Lucia	ST	Uruguay	UY
Saint Pierre & Miquelon	SB	Uzbekistan	UZ
Saint Vincent & Grenadines	VC	Vanuatu	NH
Samoa	WS	Vatican City	VT
San Marino	SM	Venezuela	VE
Sao Tome & Principe	TP	Vietnam	NM
Saudi Arabia	SA	Virgin Islands (British)	VI
Scotland	UK	Wales	UK
Senegal	SG	Wallis & Futuna	WF
Serbia & Montenegro	ΥI	West Bank	WB
Seychelles	SE	Western Sahara	WI
Sierre Leone	SL	Yemen	ΥM
Singapore	SN	Zambia	ZA
Slovakia	LO	Zimbabwe	ZI
Slovenia	SI	Unknown	XX
Solomon Island	BP	Various (more than one)	XV
Somalia	SO		
South Africa	SF		

ZIP Code Validation Table

State		Valid			
<u>Code</u>	<u>State</u>	<u>Range</u>	State		Valid
Λ.Ι	Λ l = l= = == =	250 200	<u>Code</u>	<u>State</u>	<u>Range</u>
AL AK	Alabama Alaska	350 – 369 995 – 999	NM	New Mexico	870 – 884
AS	American Samoa	967	NY	New York	005
AZ	Arizona	850 – 865	INI	INEW TOIK	063
AR	Arkansas	716 – 729			090 – 149
/ \(\)	7 (I Rai 13a3	755	NC	North Carolina	269 – 289
CA	California	900 – 966	ND	North Dakota	580 – 588
CO	Colorado	800 – 816	MP	Northern Mariana	969
CT	Connecticut	060 – 069		Islands	000
DE	Delaware	197 – 199	ОН	Ohio	430 – 459
DC	District of Columbia		OK	Oklahoma	730 – 749
FM	Federated States	969	OR	Oregon	970 – 979
	of Micronesia		PW	Palau Island	969
FL	Florida	320 - 349	PA	Pennsylvania	150 – 196
GA	Georgia	300 – 319	PR	Puerto Rico	006 - 009
	· ·	398 – 399	RI	Rhode Island	028 - 029
GU	Guam	969	SC	South Carolina	290 - 299
HI	Hawaii	967 – 968	SD	South Dakota	570 – 577
ID	Idaho	832 – 838	TN	Tennessee	370 - 385
IL	Illinois	600 – 629	TX	Texas	750 – 799
IN	Indiana	460 – 479			885
IA	Iowa	500 – 528	UT	Utah	840 – 847
KS	Kansas	660 – 679	VT	Vermont	050 - 059
KY	Kentucky	400 – 427	VA	Virginia	201
LA	Louisiana	700 – 714			220 – 246
ME	Main	039 – 049	VI	Virgin Islands	008
MH	Marshall Islands	969	WA	Washington	980 – 994
MD	Maryland	206 – 219	WI	Wisconsin	530 – 549
MA	Massachusetts	010 – 027	WV	West Virginia	247 – 268
N 41	NA' ala'a a	055	WY	Wyoming	820 – 831
MI	Michigan	480 – 499		Military Basel Offi	
MN	Minnesota	550 – 567		Military Post Office	ces
MS	Mississippi	386 – 397	۸ ۸	Armad Farasa	240
MO	Missouri	630 – 658	AA	Armed Forces	340
MT	Montana	590 – 599	ΑE	Americas (Except C Armed Forces	•
NE NV	Nebraska	680 – 693	AL		090 – 098
NV NH	Nevada New Hampshire	889 – 898 030 – 038		Africa, Canada Europe, Middle Eas	·t
NJ	New Jersey	030 – 038	AP	Armed Forces	962 – 966
INJ	INGW JCISCY	070 – 009	AF	Pacific	302 – 300

Attachments – Standard Abbreviations

Word Abbreviation

Accounting ACCTG
Accounts ACCTS
Administration ADMIN
Air Force Base AFB
Apartment APT
American AMER
Associates ASSOC
Association ASSN

Avenue AVE
Bank BK
Banking BKG
Branch BR
Broadway BWY
Building BLDG

Casualty CASLTY
Center CTR
Certificate CERT

Certificate of Deposit CD

Circle CRL

Commerce CMRC Commission COMM

Company CO

Comptroller COMPT Consolidated CONS Construction CONST Corporation CORP Cooperative COOP

County CNTY
Court CT
Credit Union CU
Department DEPT
Deposit DEP

Distributor, Distributing, DISTB

District DIST
Division DIV
Drive DR
East, Eastern E
Electrical ELEC
Exchange XCHG
Federal FED

Federal Credit Union FCU

Finance FIN Financial FINCL

First National Bank FNB

Foreign FORGN

Word Abbreviation

General GEN Government GOVT

Group GRP

Headquarters HDQTRS

Highway HWY
Hospital HOSP
Incorporated INC
Industry(ies) INDUST
Information INFO

Institute, Casino or Card Club INST

Insurance INS International INT Lane LN

Limited LTD
Management MGMT

Manufacturers MFTRS
Manufacturing MFG
Market MKT

Market MK1
Municipal MUN
Mutual MUTL
National NAT
Northeast NE
Northern, North NO
Northwest NW
Organization ORG

Park PK
Place PL
Plaza PLZ
Post Office PO
Railroad RR
Realty RLTY
Road RD
Room RM
Route RT
Savings SAV

Savings and Loan SL Security SEC Service SERV

Southeast SE Southern, South SO Southwest SW Street ST

Street STE

Transportation TRANS

Trust TR

Standard Abbreviations Continued

Word Abbreviation
University UNIV US Air Force USAF US Army USA US Coast Guard USCG US Marine Corps USMC US Navy USN Village VLGE Western, West W

Note: All abbreviations listed may be changed from singular to plural, and vice versa, by the addition or deletion of the letter 's'.

Attachments - Name Editing Instructions

- A. Delete any titles, prefixes, suffixes or other descriptive information such as Mr., Mrs., Dr., Reverend, Partner, or Trustee. Do not delete suffixes that distinguish family members such as Jr., Sr., III or IV. Suffixes should be edited to follow the middle initial (e.g. Doe\ John\L Jr).
- B. Delete all punctuation (e.g., 'JR.' would be submitted as 'JR').
- C. Do not use the following words in fields:
 - a. THE
 - b. SEE ABOVE
 - c. SAME AS ABOVE
 - d. SAME
 - e. COMPUTER GENERATED
 - f. SIGNATURE CARD
 - g. NONE
 - h. NON CUSTOMER
 - i. CUSTOMER
 - j. T/A
 - k. VARIOUS
 - I. OTHER
 - m. N/A
 - n. UNKNOWN
- D. Spanish surnames. Care must be taken in formatting Spanish surnames as the names are usually written in the order of first name, father's last name, and then mother's last name, i.e., Juan Vega Santiago. The father's last name, Vega would be used as the last name; however, both last names should be retained. Example: Vega/Santiago/Juan.
- E. Place a slash ('/') before each name (including suffixes) except the first surname (e.g., White/Elizabeth/A) but not between compound names such as 'Van Gogh'.
- F. If only the surname of an individual is present, then place a slash after it (e.g., Jones/).
- G. If a non-individual is listed, do not enter slashes between names. Delete the word, 'The' whenever it appears.
- H. If an organization has a separate "doing business as" (DBA) name, enter the organization's legal and business names (e.g., "Smith Enterprises, Inc., DBA Smith Casino Tours").

Attachments - Definition of Terms

Account The customer's account Number as related to the transaction being reported, if any.

Card Club Any organization duly licensed or authorized to do business as a card club, gaming club, card room, gaming room, or similar gaming establishment in the United States, including tribal card clubs, and having gross annual gaming revenue in excess of \$1,000,000. The term includes the principal headquarters and every domestic branch or place of business of the establishment.

Casino Any organization duly licensed or authorized to do business as a casino or gambling casino, including a tribal casino, in the United States (except casinos located in Nevada under Regulation 6A) and having gross annual gaming revenues in excess of \$1 million. This includes the principal headquarters and every domestic branch or place of business of the casino.

Corrected A report that is used to correct a Report that was previously filed.

Currency For SARC purposes, currency is the coin and paper money of the United States or any country, which is circulated and customarily used and accepted as money.

DBA Doing Business As

DCC The Detroit Computing Center

EIN Employer Identification Number

File For purposes of this procedure, a file consists of all magnetic cartridge or diskette records submitted by a transmitter.

ITIN Individual Taxpayer Identification number

SARC Suspicious Activity Report by Casinos and Card Clubs (Form FinCEN 102).

SSN Social Security Number

Supplemental A SARC Report that is used as an addition or extension to the original SARC Report.

Subject For SARC purposes, a subject is a person with questionable/suspicious activities.

Transmitter Person(s) or organization(s) who prepare the magnetic tape files.

Transmitter Control

Code (TCC) An eight-character number assigned by DCC to the transmitter prior to actual reporting on magnetic media. This code is inserted in most records of your files and must be present before the file can be processed. An Application for Magnetic Media Reporting must be filed with DCC to receive this number.