

TD F 90-22.56

Treasury Form
October 2002

Suspicious Activity Report by Money Services Business



OMB No. 1506-0015

Please type or print. Always complete entire report (see instructions).

1 Check the box if this report corrects a prior report. (See instructions, page 7)

2 Type of filer (check **all** financial services/products offered)

- a Issuer of money order(s)
- b Redeemer of money order(s)
- c Seller of money order(s)
- d Issuer of traveler's check(s)
- e Redeemer of traveler's check(s)
- f Seller of traveler's check(s)
- g Money transmitter
- h U.S. Postal Service (see instructions)
- i Other _____

3 Multiple subjects (See instructions, page 7)

Part I Subject Information

4 Subject type (check only one box)

- a Purchaser/Sender
- b Payee/Receiver
- c Both ("a" & "b")
- d Other

5* Individual's last name or Entity's full name _____ 6* First name _____ 7* Middle initial _____

8* Address _____

9* City _____ 10* State _____ 11* Zip code _____ 12* Country (if not U.S.) _____

13* Government issued identification (if available)

- a Driver's license/State I.D.
- b Passport
- c Alien registration
- d Other _____
- e Number _____
- f Issuing state or country _____

14* SSN/ITIN (individual) or EIN (entity) _____ 15 Date of birth _____ 16 Phone number (include area code) _____ 17 Vehicle Lic.# / State (Optional) _____

MM DD YYYY () - . a number b state

18 Customer number, if any _____ 19 Occupation/Type of business _____

20* Endorser's (individual or Entity) name, if any _____ 21* Bank account number of endorser, if any _____ 22* Bank of first deposit, if any _____

Part II Suspicious Instrument/Money Transfer Information

23 Financial services involved in suspicious transaction(s) (Check **all** that apply.)

- a Money Order
- b Traveler's Check
- c Money Transfer
- d Other _____

24* Date or date range of suspicious activity From ____/____/____ To ____/____/____ 25 Total dollar amount involved in suspicious activity \$ _____

MM DD YYYY MM DD YYYY , , , .00

26.1* Serial number(s) of [a] money order(s) or [b] traveler's check(s) c Issuer name _____

d Starting No. _____ e Ending No. _____

26.2 Serial number(s) of [a] money order(s) or [b] traveler's check(s) c Issuer name _____

d Starting No. _____ e Ending No. _____

26.3 Serial number(s) of [a] money order(s) or [b] traveler's check(s) c Issuer name _____

d Starting No. _____ e Ending No. _____

27.1* Money transfer number a Issuer name _____ b No. _____

27.2 Money transfer number a Issuer name _____ b No. _____

27.3 Money transfer number a Issuer name _____ b No.	27.4 Money transfer number a Issuer name _____ b No.
27.5 Money transfer number a Issuer name _____ b No.	27.6 Money transfer number a Issuer name _____ b No.

28* Category of suspicious activity (Check **all** that apply.)
 a Money laundering b Structuring c Terrorist financing d Other (specify) _____

29* Character of suspicious activity (check only one box "a, b, or c", then check **all** of (1) through (9) that apply)
 a Unusual use of money order(s) or traveler's check(s) b Unusual use of money transfer(s) c Both

Check all of the following that apply

(1) <input type="checkbox"/> Alters transaction to avoid completion of funds transfer record or money order or traveler's check record (\$3,000 or more)	(5) <input type="checkbox"/> Individual(s) using multiple or false identification documents
(2) <input type="checkbox"/> Alters transaction to avoid filing a CTR form (\$10,000 or more)	(6) <input type="checkbox"/> Two or more individuals using the similar/same identification
(3) <input type="checkbox"/> Comes in frequently and purchases less than \$3,000	(7) <input type="checkbox"/> Two or more individuals working together
(4) <input type="checkbox"/> Changes spelling or arrangement of name	(8) <input type="checkbox"/> Same individual(s) using multiple locations over a short time period
	(9) <input type="checkbox"/> Offers a bribe in the form of a tip/gratuity

Part III Transaction Location Information 30 Multiple selling and/or paying business locations

31 Type of business location (check only one box)
 a Selling business location b Paying business location c Both

32* Legal name of business _____ 33 Doing business as _____

34* Permanent address (number, street, and suite no.) _____	35* City _____	36* State _____	37* Zip code _____
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38* EIN (entity) or SSN/ITIN (individual) _____	39* Business phone number (include area code) (____) _____	40 Country (if not U.S.) _____
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Part IV Law Enforcement Agency Information

41 If a law enforcement agency has already been contacted (excluding submission of a SAR-MSB), check **the** appropriate box.

a <input type="checkbox"/> DEA	d <input type="checkbox"/> U.S. Customs Service	g <input type="checkbox"/> Other Federal	i <input type="checkbox"/> Local law enforcement
b <input type="checkbox"/> FBI	e <input type="checkbox"/> U.S. Postal Inspection Service	h <input type="checkbox"/> State law enforcement	j <input type="checkbox"/> Tribal law enforcement
c <input type="checkbox"/> IRS	f <input type="checkbox"/> U.S. Secret Service		

Include agency name when box g, h, i, or j is checked _____

42 Name of person contacted at law enforcement agency _____	43 Phone number (include area code) (____) _____	44 Date contacted MM / DD / YYYY
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Part V Reporting Business Information (if different from Location Information in Part III)

45* Legal name of business _____ 46 Doing business as _____

47* Permanent address (number, street, and suite no.) _____	48* City _____	49* State _____	50* Zip code _____
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51* EIN (entity) or SSN/ITIN (individual) _____	52* Business phone number (include area code) (____) _____	53 Country (if not U.S.) _____
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Part VI Contact for Assistance

54* Last name of individual to be contacted regarding this report _____	55* First name _____	56 Middle initial _____
57* Title/Position _____	58* Work phone number (include area code) (____) _____	59 Date report prepared MM / DD / YYYY

Paperwork Reduction Act Notice: The purpose of this form is to provide an effective means for a money services business (MSB) to notify appropriate law enforcement agencies of suspicious transactions and activities that occur by, through, or at a MSB. This report is authorized by law, pursuant to authority contained in 31 U.S.C. 5318(g). Information collected on this report is confidential (31 U.S.C. 5318(g)). Federal regulatory agencies, State law enforcement agencies, the U.S. Departments of Justice and Treasury, and other authorized authorities may use and share this information. Public reporting and recordkeeping burden for this form is estimated to average 35 minutes per response, and includes time to gather and maintain information for the required report, review the instructions, and complete the information collection. Send comments regarding this burden estimate, including suggestions for reducing the burden, to the Office of Management and the Budget, Paperwork Reduction Project, Washington, DC 20503 and to the Financial Crimes Enforcement Network, Attn.: Paperwork Reduction Act, P.O. Box 39, Vienna VA 22183-0039. The agency may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Explanation/description of suspicious activity. This section of the report is **critical**. The care with which it is completed may determine whether or not the described activity and its possible criminal nature are clearly understood by investigators. Provide a clear, complete and chronological description of the activity, including what is unusual, irregular or suspicious about the transaction(s). Use the checklist below, as a guide, as you prepare your description. The description should cover the material indicated in Parts I, II and III, but the money services business (MSB) should describe any other information that it believes is necessary to better enable investigators to understand the suspicious activity being reported.

- a. **Describe** conduct that raised suspicion.
- b. **Explain** whether the transaction(s) was completed or only attempted.
- c. **Describe** supporting documentation and retain such documentation for your file for five years.
- d. **Indicate** a time period, if it was a factor in the suspicious transaction(s), for example, specify the time and whether it occurred during AM or PM. If the activity covers more than one day, identify the time of day when such activity occurred most frequently.
- e. **Retain** any admission or explanation of the transaction(s) provided by the subject(s), or other persons. Indicate when and to whom it was given.
- f. **Retain** any evidence of cover-up or evidence of an attempt to deceive federal or state examiners, or others.
- g. **Indicate** where the possible violation of law(s) took place (e.g., main office, branch, agent location, etc.).
- h. **Indicate** whether the suspicious activity is an isolated incident or relates to another transaction.
- i. **Indicate** for a foreign national any available information on subject's passport(s), visa(s), and/or identification card(s). Include date, country, city of issue, issuing authority, and nationality.
- j. **Indicate** whether any information has been excluded from this report; if so, state reasons.
- k. **Indicate** whether any U.S. or foreign instrument(s) were involved. If so, provide the amount, name of currency, and country of origin.
- l. **Indicate** whether any transfer of money to or from a foreign country, or any exchanges of a foreign currency were involved. If so, identify the currency, country, and sources and destinations of money.
- m. **Indicate** any additional account number(s), and any foreign bank(s) account numbers which may be involved in transfer of money.
- n. **Identify** any employee or other individual or entity (e.g., agent) suspected of improper involvement in the transaction(s).
- o. **For issuers, indicate** if the endorser of money order(s) and/or traveler's check(s) is different than payee. If so, provide the individual's name or entity name; bank's name, city, state and country; ABA routing number; endorser's bank account number; foreign non-bank name (if any); correspondent bank name and account number (if any); etc.
- p. **For selling or paying locations, indicate** if there is a video recording medium or surveillance photograph of the customer.
- q. **For selling or paying locations, if you do not have a record of a government issued identification document, describe** the type, issuer and number of any alternate identification that is available (e.g., for a credit card specify the name of the customer and credit card number.)
- r. **For selling or paying locations, describe** the subject(s) if you do not have the identifying information in Part I or if multiple individuals use the same identification. Use descriptors such as male, female, age, etc.
- s. **If correcting a prior report, complete the form in its entirety and note the changes here in Part VII.**

Information already provided in earlier Parts of this form need not necessarily be repeated if the meaning is clear.

Supporting documentation should not be filed with this report. Maintain the information for your files.

Enter explanation/description in the space below. If necessary, continue the narrative on a duplicate of this page or a blank page.