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IRS Form **8300** (Rev. December 2023)

Department of the Treasury
Internal Revenue Service

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

See instructions for definition of cash.

Use this form for transactions occurring after December 31, 2023. Do not use prior versions after this date.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

FinCEN Form **8300** (Rev. August 2014)
OMB No. 1506-0018
Department of the Treasury
Financial Crimes
Enforcement Network

1 Check appropriate box(es) if: a [X] 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 . . . . . [X]

3 Last name	4 First name	5 M.I.	6 Taxpayer identification number
Smith	Robin	W	d T n Z G F x k K

7 Address (number, street, and apt. or suite no.)	8 Date of birth (see instructions)
123 Main St	M M D D Y Y Y Y H T G q R L 0 H

9 City	10 State	11 ZIP code	12 Country (if not U.S.)	13 Occupation, profession, or business
San Francisco	CA	94106		Whom the Cash Was Received Occupation

14 Identifying document (ID) — a Describe ID: Whom the Cash Was Received Describe Identifying Document; c Number: Whom the Cash Was Received Identifying Document Number; b Issued by: Whom the Cash Was Received Identifying Document Issued by

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 . . . . . [X]

16 Individual's last name or organization's name	17 First name	18 M.I.	19 Taxpayer identification number
Smith	Robin	W	P C 5 s n y 7 k R

20 Doing business as (DBA) name (see instructions): Whose Behalf This Transaction Was Conducted Business as Name

Employer identification number: y s f I u 5 A 6 S

21 Address (number, street, and apt. or suite no.)	22 Occupation, profession, or business
123 Main St	Whose Behalf This Transaction Was Conducted Occupation

23 City	24 State	25 ZIP code	26 Country (if not U.S.)
San Francisco	CA	94106	

27 Alien identification (ID) — a Describe ID: Whose Behalf This Transaction Was Conducted Alien Identification Describe ID; c Number: Whose Behalf This Transaction Was Conducted Alien Identification Number; b Issued by: Whose Behalf This Transaction Was Conducted Alien Identification Issued by

Part III Description of Transaction and Method of Payment

28 Date cash received	29 Total cash received	30 If cash was received in more than one payment, check here [X]	31 Total price if different from item 29
M M D D Y Y Y Y V r d P W q I K	$ $12,346 .00		$ $12,346 .00

32 Amount of cash received (in U.S. dollar equivalent) (must equal item 29) (see instructions):

a U.S. currency	$ $12,346 .00	(Amount in $100 bills or higher $ $12,346 .00)	
b Foreign currency	$ $12,346 .00	(Country Country)	
c Cashier's check(s)	$ $12,346 .00	Issuer's name(s) and serial number(s) of the monetary instrument(s)	
d Money order(s)	$ $12,346 .00	Robin W. Smith	Serial Number 1
e Bank draft(s)	$ $12,346 .00	Robin W. Smith	Serial Number 2
f Traveler's check(s)	$ $12,346 .00	Robin W. Smith	Serial Number 3

33 Type of transaction

- a [X] Personal property purchased
- b [ ] Real property purchased
- c [ ] Personal services provided
- d [ ] Business services provided
- e [ ] Intangible property purchased
- f [ ] Debt obligations paid
- g [ ] Exchange of cash
- h [ ] Escrow or trust funds
- i [ ] Bail received by court clerks
- j [ ] Other (specify in item 34)

34 Specific description of property or service shown in 33. Give serial or registration number, address, docket number, etc. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

Part IV Business That Received Cash

35 Name of business that received cash	36 Employer identification number
Name of Business That Receives Cash	M C 8 j j B Z H B

37 Address (number, street, and apt. or suite no.)	Social security number
123 Main St	h b P E E j Q 1 C

38 City	39 State	40 ZIP code	41 Nature of your business
San Francisco	CA	94106	Nature of Your Business That Receives Cash

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 _____ **Title** Authorized Official Title

Authorized official

43 Date of signature	44 Type or print name of contact person	45 Contact telephone number
M M D D Y Y Y Y X O 9 6 1 n U c	Robin W. Smith	(555) 444-3333

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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

3 Last name	4 First name	5 M.I.	6 Taxpayer identification number
Smith	Robin	W	f r i 1 7 e u G f

7 Address (number, street, and apt. or suite no.)	8 Date of birth (see instructions)
123 Main St	M M D D Y Y Y Y J p j h N y W a

9 City	10 State	11 ZIP code	12 Country (if not U.S.)	13 Occupation, profession, or business
San Francisco	CA	94106		Occupation 1 Complete if box 2 on page 1 is checked

14 Identifying document (ID)	a Describe ID	Identifying Document Describe ID 1 Complete if box 2 on page 1 is checked	b Issued by	Identifying Document Issued 1 Complete if box 2 on page 1 is checked
	c Number	Identifying Document Number 1 Complete if box 2 on page 1 is checked		

3 Last name	4 First name	5 M.I.	6 Taxpayer identification number
Smith	Robin	W	j f y S I N c u M

7 Address (number, street, and apt. or suite no.)	8 Date of birth (see instructions)
123 Main St	M M D D Y Y Y Y s g X O Q m G m

9 City	10 State	11 ZIP code	12 Country (if not U.S.)	13 Occupation, profession, or business
San Francisco	CA	94106		Occupation 1 Complete if box 2 on page 1 is checked

14 Identifying document (ID)	a Describe ID	Identifying Document Describe ID 1 Complete if box 2 on page 1 is checked	b Issued by	Identifying Document Issued 1 Complete if box 2 on page 1 is checked
	c Number	Identifying Document Number 1 Complete if box 2 on page 1 is checked		

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

16 Individual's last name or organization's name	17 First name	18 M.I.	19 Taxpayer identification number
Smith	Robin	W	p Q C 2 A c m a W

20 Doing business as (DBA) name (see instructions)	Employer identification number
Whose Behalf This Transaction Was Conducted Business as Name	p Q v x 1 o a G k

21 Address (number, street, and apt. or suite no.)	22 Occupation, profession, or business
123 Main St	Whose Behalf This Transaction Was Conducted Occupation

23 City	24 State	25 ZIP code	26 Country (if not U.S.)
San Francisco	CA	94106	

27 Alien identification (ID)	a Describe ID	Whose Behalf This Transaction Was Conducted Alien Identification Describe ID	b Issued by	Whose Behalf This Transaction Was Conducted Alien Identification Issued by
	c Number	Whose Behalf This Transaction Was Conducted Alien Identification Number		

16 Individual's last name or organization's name	17 First name	18 M.I.	19 Taxpayer identification number
Smith	Robin	W	x I C Q p 6 8 3 b

20 Doing business as (DBA) name (see instructions)	Employer identification number
Whose Behalf This Transaction Was Conducted Business as Name	T F t V a 5 T v L

21 Address (number, street, and apt. or suite no.)	22 Occupation, profession, or business
123 Main St	Whose Behalf This Transaction Was Conducted Occupation

23 City	24 State	25 ZIP code	26 Country (if not U.S.)
San Francisco	CA	94106	

27 Alien identification (ID)	a Describe ID	Whose Behalf This Transaction Was Conducted Alien Identification Describe ID	b Issued by	Whose Behalf This Transaction Was Conducted Alien Identification Issued by
	c Number	Whose Behalf This Transaction Was Conducted Alien Identification Number		

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.

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