

Federal holidays. The DMS is available 24 hours each day, 365 days each year. If you want acknowledgment that we received your comments, please include a self-addressed, stamped envelope or postcard or print the acknowledgement page that appears after submitting comments on-line.

*Privacy Act:* Anyone may search the electronic form of all comments received into any of our dockets by the name of the individual submitting the comment (or of the person signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review the Department of Transportation's complete Privacy Act Statement in the **Federal Register** published on April 11, 2000 (65 FR 19477). This information is also available at <http://dms.dot.gov>.

**FOR FURTHER INFORMATION CONTACT:** Dr. Mary D. Gunnels, Chief, Physical Qualifications Division, (202) 366-4001, [maggi.gunnels@dot.gov](mailto:maggi.gunnels@dot.gov), FMCSA, Department of Transportation, 400 Seventh Street, SW., Washington, DC 20590-0001. Office hours are from 8:30 a.m. to 5 p.m., Monday through Friday, except Federal holidays.

#### **SUPPLEMENTARY INFORMATION:**

##### **Background**

FMCSA estimates that there are approximately 4 to 5 million active interstate drivers subject to FMCSA's medical standards. Interstate CMV drivers are required to have a medical examination every two years at a minimum or more frequently at the discretion of the medical examiner. A medical certificate is typically valid for two years after the date of examination, so it is estimated that a minimum of 2 to 3 million medical examinations are conducted each year. In the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) (Pub. L. 109-59, 119 Stat. 1144; August 10, 2005) Congress supports comprehensive improvements in the FMCSA medical program, including improving the quality of the interstate CMV driver physical qualification examination. There has been no research to date that captures the decisionmaking and performance of MEs who determine the physical qualifications of CMV drivers operating throughout the United States. In addition, there has been no systematic consideration of ME perceptions of difficulties or uncertainties associated with the examination process.

A Working Integrated Product Team (WIPT) of ME peers experienced in conducting CMV driver physical

qualification examinations will review the methodology and materials for the study, and data gained from 150 direct observations of physical examinations of CMV drivers. Results of the Medical Examiner Performance Study would ultimately be used to develop recommendations for improving the overall physical qualification process and achieve FMCSA's goals of reducing crash rates, injuries, and fatalities involving large trucks and buses.

This initiative is independent from the earlier National Registry of Certified Medical Examiner survey announced September 29, 2005 (70 FR 56964), the primary intent of which is to identify those tasks most critical to competent job performance via a role delineation study.

*Respondents:* Medical examiners (such as medical doctors, doctors of osteopathy, doctors of chiropractic, physician assistants, and advanced practice nurses) who are currently performing FMCSA physical examinations of CMV drivers.

*Estimated Average Burden per Response: Survey*—the estimated average burden per response for each survey is 30 minutes. *Observation consent forms*—the estimated average burden per visit for the medical examiner or driver is 5 to 10 minutes.

*Estimated Total Annual Burden: Survey*—the estimated total annual burden is 1250 hours for the information collection based on the following requirement for statistical significance: 500 responses from each of at least five of the medical examiner professional categories; [2500 respondents per survey × 30 minutes per respondent = 1250 hours]. *Observation consent forms*—the estimated total annual burden is 25 to 50 hours for the information collection based on the following requirement for statistical significance: (150 medical examiners + 150 drivers × 5 to 10 minutes per on-site observation = 25 to 50 hours).

*Frequency:* Each of the described data collection efforts will occur only once.

##### **Request for Comments**

Interested parties are invited to send comments regarding any aspect of this information collection, including but not limited to: (1) The necessity and utility of the information collection for the proper performance of the functions of FMCSA and specifically the conduct of the Medical Examiner Performance Study; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the collected information; and (4) ways to minimize the collection burden without reducing

the quality of the collected information. Comments submitted in response to this notice will be summarized and included in the request for OMB's clearance for this information collection.

Issued on: June 8, 2006.

**David Hugel,**

*Acting Administrator.*

[FR Doc. E6-9512 Filed 6-16-06; 8:45 am]

**BILLING CODE 4910-EX-P**

## **DEPARTMENT OF THE TREASURY**

### **Office of the Comptroller of the Currency**

#### **Office of Thrift Supervision**

### **FEDERAL DEPOSIT INSURANCE CORPORATION**

### **NATIONAL CREDIT UNION ADMINISTRATION**

#### **Agency Information Collection Activities; Submission for OMB Review; Comment Request; Suspicious Activity Report**

**AGENCIES:** Financial Crimes Enforcement Network, Department of the Treasury (FinCEN); Office of the Comptroller of the Currency, Department of the Treasury (OCC); Office of Thrift Supervision, Department of the Treasury (OTS); Federal Deposit Insurance Corporation (FDIC); National Credit Union Administration (NCUA). **ACTION:** Submission for OMB review; joint comment request.

**SUMMARY:** In accordance with the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), FinCEN, OCC, OTS, FDIC, and NCUA (collectively, the "agencies") hereby give notice that they have submitted to the Office of Management and Budget (OMB) requests for review of the information collections described below.

OCC, OTS, FDIC, NCUA, and FinCEN are submitting the Suspicious Activity Report (SAR) information collection to OMB for extension with revision. The Board of Governors of the Federal Reserve System (the Board) also participated in this review. However, the Board, under its Paperwork Reduction Act (PRA) delegated authority, will publish a separate final notice and submit its SAR information collection to OMB.

On February 17, 2006, the agencies and the Board, requested public comment on a major revision of the SAR form. OCC also requested comments on all information collections contained in

12 CFR part 21 ("Minimum Security Devices and Procedures, Reports of Suspicious Activities, and Bank Secrecy Act Compliance Program"). The agencies have made the proposed changes, as well as additional changes suggested by the commenters.

**DATES:** Written comments should be received on or before July 19, 2006.

**ADDRESSES:** Interested parties are invited to submit written comments to any or all of the agencies. All comments, which should refer to the associated OMB control numbers, will be shared among the agencies. Direct all written comments as follows:

*Financial Crimes Enforcement Network:* Financial Crimes Enforcement Network, P.O. Box 39, Vienna, VA 22183, Attention: 1506-0001, Revised Suspicious Activity Report by Depository Institutions. Comments also may be submitted by electronic mail to the following Internet address: [regcomments@fincen.gov](mailto:regcomments@fincen.gov) with the caption in the body of the text, "Attention: 1506-0001, Revised Suspicious Activity Report by Depository Institutions".

*Comptroller of the Currency:* Communications Division, Office of the Comptroller of the Currency, Public Information Room, Mailstop 1-5, Attention: 1557-0180, 250 E Street, SW., Washington, DC 20219. In addition, comments may be sent by fax to (202) 874-4448, or by electronic mail to [regs.comments@occ.treas.gov](mailto:regs.comments@occ.treas.gov). You can inspect and photocopy the comments at the OCC's Public Information Room, 250 E Street, SW., Washington, DC 20219. You can make an appointment to inspect the comments by calling (202) 874-5043.

Additionally, you should send a copy of your comments to OCC Desk Officer, 1557-0180, by mail to U.S. Office of Management and Budget, 725 17th Street, NW., #10235, Washington, DC 20503, or by fax to (202) 395-6974.

*Office of Thrift Supervision:* Send comments, referring to the collection by title of the proposal or by OMB control number, to OMB and OTS at these addresses: Office of Information and Regulatory Affairs, Attention: Desk Officer for OTS, U.S. Office of Management and Budget, 725 17th Street, NW., Room 10235, Washington, DC 20503, or by fax to (202) 395-6974; and Information Collection Comments, Chief Counsel's Office, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552; send a fax to (202) 906-6518; or send an e-mail to [infocollection.comments@ots.treas.gov](mailto:infocollection.comments@ots.treas.gov). The Office of Thrift Supervision will post comments and the related index on

its Internet site at <http://www.ots.treas.gov>. In addition, interested persons may inspect comments at the Public Reading Room, 1700 G Street, NW., by appointment. To make an appointment, call (202) 906-5922, send an e-mail to [public.info@ots.treas.gov](mailto:public.info@ots.treas.gov), or send a fax to (202) 906-7755.

*Federal Deposit Insurance Corporation:* Written comments should be addressed to Steve Hanft, Clearance Officer, Legal Division MB-3064, Federal Deposit Insurance Corporation, 550 17th Street, NW., Washington, DC 20429. Fax No.: (202) 898-3838. E-mail: [shanft@fdic.gov](mailto:shanft@fdic.gov).

*National Credit Union Administration:* Clearance Officer: Mr. Neil M. McNamara, (703) 518-6447, National Credit Union Administration, 1775 Duke Street, Alexandria, VA 22314-3428, Fax No.: (703) 518-6489, E-mail: [mcnamara@ncua.gov](mailto:mcnamara@ncua.gov).

*OMB:* Alexander T. Hunt, (202) 395-7316, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

**FOR FURTHER INFORMATION CONTACT:** You may request additional information or a copy of the collection by contacting:

*FinCEN:* Regulatory Policy and Programs Division at (800) 949-2732.

*OCC:* You can request additional information or a copy of the collection from Mary Gottlieb, OCC Clearance Officer, or Camille Dickerson, (202) 874-5090, Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, 250 E Street, SW., Washington, DC 20219.

*OTS:* Marilyn K. Burton, OTS Clearance Officer, at [marilyn.burton@ots.treas.gov](mailto:marilyn.burton@ots.treas.gov), (202) 906-6467, or facsimile number (202) 906-6518, Litigation Division, Chief Counsel's Office, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552.

*Federal Deposit Insurance Corporation:* Steve Hanft, Legal Division MB-3064, Federal Deposit Insurance Corporation, 550 17th Street, NW., Washington, DC 20429, (202) 898-3907.

*National Credit Union Administration:* Tracy Sumpter, Office of the Chief Information Officer, (703) 518-6444, or John K. Ianno, Office of General Counsel, (703) 518-6540.

**SUPPLEMENTARY INFORMATION:**

*Title:* Suspicious Activity Report. (The OCC is renewing all information collections covered under the information collection titled: "(MA)—Minimum Security Devices and Procedures, Reports of Suspicious

Activities, and Bank Secrecy Act Compliance Program (12 CFR 21).")

*OMB Numbers:*

FinCEN: 1506-0001  
OCC: 1557-0180  
OTS: 1550-0003  
FDIC: 3064-0077  
NCUA: 3133-0094

*Form Numbers:*

FinCEN: Form 111  
OCC: 8010-1/8010-9  
OTS: 1601  
FDIC: 6710/06  
NCUA: 2362

*Abstract:* In 1985, the agencies issued procedures to be used by banks, thrifts, credit unions, their holding companies, and certain other depository institutions operating in the United States to report known or suspected criminal activities to the appropriate law enforcement agencies and the agencies themselves. Beginning in 1994, the agencies completely redesigned the reporting process. This redesign resulted in the existing Suspicious Activity Report, which became effective in April 1996.<sup>1</sup>

*Comments Received:* On February 17, 2006, FinCEN and the banking regulators published a joint **Federal Register** notice (71 FR 8640) seeking comment on proposed revisions to the existing SAR. The proposed revisions to the form and instructions were published in the notice. All comments received in response to the notice were carefully considered. Those comments that the agencies believe will further improve the form are included in the package that the agencies have submitted to OMB for approval, as discussed below. The agencies are publishing the second **Federal Register** notice regarding the new Suspicious Activity Report by Depository Institutions (SAR-DI), as required by the PRA. This second notice advises the public that the agencies have submitted the proposed revisions to OMB for approval, discusses the comments received, explains agency responses to the comments, and requests additional comment.

*Current Actions:* The proposed revisions standardize the new SAR-DI with the other SAR forms. The revisions were detailed in the first **Federal Register** notice, a copy of which is posted on the FinCEN Web site at [http://www.fincen.gov/71\\_fr\\_86401.pdf](http://www.fincen.gov/71_fr_86401.pdf).

<sup>1</sup> The report is authorized by the following rules: 31 CFR 103.18 (FinCEN); 12 CFR 21.11 (OCC); 12 CFR 563.180 (OTS); 12 CFR 353.3 (FDIC); 12 CFR 748.1 (NCUA). The rules were issued under the authority of 31 U.S.C. 5318(g) (FinCEN); 12 U.S.C. 93a, 1818, 1881-84, 3401-22, 31 U.S.C. 5318 (OCC); 12 U.S.C. 1463 and 1464 (OTS); 12 U.S.C. 93a, 1818, 1881-84, 3401-22 (FDIC); 12 U.S.C. 1766(a), 1789(a) (NCUA).

These revisions and additions will improve the form's usefulness to law enforcement and to the agencies.

*Comments Received and Agency Action Taken.* The agencies received generally favorable comments from 23 commenters regarding the first notice. A majority of the commenters' suggestions involved policy issues rather than comments affecting the form's data collection elements. The following is a summary of the comments received:

1. Two commenters noted that law enforcement contact information had been moved to the narrative section.

Response: Noted. This change was made to simplify the form and was done with the approval of law enforcement agencies.

2. Several commenters noted that use of the special responses listed in the instructions were confusing and wondered if the data cells such as SSN would accept the entries.

Response: Noted. FinCEN confirms that all cells except "Total Amount" will accept alphanumeric entries. The instructions have been changed so that filers need enter only "XX" in critical fields when the information is unknown. A check box has been added to the "Total Amount" cell to allow the indication "unknown."

3. Several commenters noted concern about removing the financial institution contact name from the form.

Response: Noted. This action was taken with the approval of the agencies and law enforcement as a measure to protect the filer if a SAR-DI was inadvertently disclosed.

4. Several commenters challenged the listed burden figure of one hour to complete the SAR-DI form.

Response: The one hour figure cited in the notice is the time required to complete the form and does not include the routine recordkeeping requirement. The burden has been adjusted to account for the recordkeeping.

5. Several commenters recommended that the reporting threshold limits be raised, time to file increased, and an exemption for filing on domestic cases be provided.

Response: The agencies, FinCEN and law enforcement believe that the reporting threshold limits and filing deadlines are appropriate as proposed in the first notice, and do not believe that there is a need for an exemption for filing on domestic cases.

6. Several commenters recommended adding various check boxes to the existing form. Cells for tax evasion, PEP (politically exposed person), MSB (money services business), and Non-Customer were requested.

Response: In each case the "Other" box may be checked and the appropriate entry made on the line provided. The agencies believe that this is sufficient.

7. One commenter suggested adding "or recurring" to box 1a.

Response: Accepted.

8. One commenter recommended moving the SAR-DI Part V instructions to another page.

Response: The agencies believe that moving the instructions in this way would add to the form's length unnecessarily.

9. One commenter suggested that the space for the narrative is too small and suggested re-numbering the instruction pages to "a", "b", "c", etc.

Response: The form's instructions direct the filer to use a blank sheet of bond paper if more space is required. Re-numbering the form's instruction pages with letters would not follow the IRS Style Guide, which is the standard for BSA forms design.

10. One commenter questioned whether the government could use all of the information being collected on the SAR-DI.

Response: Noted.

11. Several commenters suggested that the "optional" tag be removed from the internal file or control number box.

Response: The items tag was changed to "If available".

12. One commenter requested that reporting institutions be required to employ enhanced due diligence if more than one law enforcement contact was made about a single report.

Response: FinCEN currently notifies Law Enforcement through the Gateway system. Therefore, the requested enhanced due diligence is not needed.

13. Two commenters requested that a cell for an e-mail address and a check box to indicate if the subject is an individual or an entity be added to Part I of the form.

Response: The addition of an e-mail address box is accepted. This change is now included among the proposed revisions to the form. The type of subject as an individual or entity should be apparent from the information in the subject box.

14. One commenter suggested that Part II, Item 23a be divided into two entries.

Response: The Federal Banking Agencies and FinCEN believe it is more appropriate for Law Enforcement or the Examiners to determine the specific activity.

15. Two commenters requested a check box to indicate if multiple SAR's on the subject had been filed.

Response: This information is already available from the database.

16. A commenter questioned the need to include non-depository institution regulators on the SAR-DI.

Response: Noted. This information is required if jointly filing a SAR with a non-depository institution.

17. One commenter suggested expanding the phone number cells to handle international numbers, modifying the DOB box, adding a reference to e-filing, and also suggested that the form have "free form" boxes.

Response: Since the instructions already address each of these suggestions, no further changes need to be proposed.

18. In view of the joint filing capability of the revised SAR-DI, one commenter suggested changing the name from Depository Institutions to Financial Institutions, and requested that "amended, corrected, or updated report" be defined. It was also suggested that the type of phone, i.e., cell, blackberry, etc., be indicated.

Response: This is the SAR for Depository Institutions and a name change would be inconsistent with this group of filers. The instructions have been edited to define the terms. The type of phone is not considered necessary.

19. Several commenters were concerned about the effective dates for the revised form. It was also suggested that an e-file "beta" test site be used to insure functionality of the revised form.

Response: This notice identifies planned target dates for implementation. These dates will be adjusted as necessary to provide adequate planning lead-time. A "beta" e-filing test site is not available.

20. Several commenters requested joint filing guidance and voiced concern regarding information sharing.

Response: Guidance has been drafted and is currently under review. The agencies expect to issue guidance prior to the effective date of the form.

21. In response to a Treasury Inspector General finding, FinCEN and a commenter recommended that a "Date Discovered" field be added to the Suspicious Activity cell.

Response: After discussion, it was agreed that such a date should not be added to the report because it would be too subjective if more than one suspicious activity was selected.

22. One commenter recommended that Part V, the narrative, be restructured to provide specific examples of what information to include.

Response: The SAR narrative checklist and the SAR Activity Review, available on the FinCEN Web site, already provide sufficient guidance to

the type of information recommended for inclusion in this part of the report.

23. One commenter commented on the proposed multiple changes to the SAR and voiced their support for each.

Response: Noted.

24. One commenter and three of the banking agencies suggested that Part III be reformatted to provide space to record "Holding Company" information if the SAR is filed at the Enterprise level. The commenter also suggested that the term "Branch Office" be renamed to "Office" as more inclusive and the term "necessarily" be removed from the statement covering repeat information.

Response: Accepted. Part III of the SAR-DI has been reformatted to permit the recording of holding company information while correctly listing the financial institution where the reported activity occurred and the instructions have been edited accordingly. To retain the joint filing format, the term "Branch Office" has been changed to "branch or office". The term "necessarily" was deleted from the appropriate instruction.

25. One commenter suggested that the names of people who have questioned the subjects be included in the report. It was also suggested that the new internal control/file number is not needed. This commenter approved of excluding the disclosure statements in the narrative.

Response: SAR Part V Checklist line "e" covers the suggestion regarding subjects. In view of the removal of the filer's name, the internal control/file number is extremely important in determining which report is under discussion. The agencies therefore believe that this item should remain.

26. One commenter noted that moving the relationship of subject information from Part II to Part III posed a problem with reporting multiple subjects.

Response: Accepted. The instructions have been revised to correct the noted problem.

**Special Instructions:** The agencies are proposing an effective date of January 1, 2007, for all revisions to the Suspicious Activity Report (SAR) form and instructions that are approved by OMB. The SAR form included in this **Federal Register** notice is for training and system configuration use only. Do not

use this form to report suspicious activity before January 1, 2007.

Depository institutions may use the current SAR dated July 2003 until June 30, 2007. Depository institutions reporting possible terrorist-financed suspicious activity must file a SAR as indicated above, but should also contact FinCEN's Financial Institutions Hotline, (866) 556-3974, to report the activity. Call FinCEN's Regulatory Helpline, (800) 949-2732, after January 1, 2007, for individual copies of the form. Visit FinCEN's Internet site, <http://www.fincen.gov>, after January 1, 2007, for information about obtaining bulk copies of the form or to obtain a fill-in version.

*Type of Review:* Revision of a currently approved collection.

*Affected Public:* Business, for-profit institutions, and non-profit institutions.

*Estimated Number of Respondents:*

FinCEN: 27,262<sup>2</sup>

OCC: 1,928

OTS: 862

FDIC: 5,200

NCUA: 9,300

*Estimated Total Annual Responses:*

FinCEN: 399,848

OCC: 250,184

OTS: 36,569

FDIC: 16,018

NCUA: 2,961

*Estimated Total Annual Burden:*

**Note:** The agencies have estimated 60 minutes for form completion. FinCEN assumes an additional 60 minutes for recordkeeping as required under 31 FR 103.18).

FinCEN: 799,696 hours<sup>3</sup>

OCC: 365,194 hours

OTS: 36,569 hours

FDIC: 16,018 hours

NCUA: 2,961 hours

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. A respondent must retain the supporting records to the SAR for five years.

<sup>2</sup> Many respondents included in this estimate are also counted in the agencies' estimates.

<sup>3</sup> A respondent need only file one form. The estimated burden per form is 60 minutes; this estimate does not allocate time between or among agencies when copies of the form are filed to satisfy the rules of more than one agency.

Generally, information collected pursuant to the Bank Secrecy Act is confidential, but may be shared as provided by law with regulatory and law enforcement authorities.

*Request for Comments:* Comments are invited on:

(a) Whether the collection of information is necessary for the proper performance of the functions of the agencies, including whether the information shall have practical utility;

(b) The accuracy of the agencies' estimate of the burden of the collection of information, including the validity of the methodology and assumptions used;

(c) Ways to enhance the quality, utility, and clarity of the information to be collected;

(d) Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and

(e) Estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Attachment: Suspicious Activity Report by Depository Institutions

Dated: June 12, 2006.

**Donald Carbaugh,**

*Acting Associate Director, Regulatory Policy and Programs Division, Financial Crimes Enforcement Network.*

Dated: June 2, 2006.

**Stuart Feldstein,**

*Assistant Director, Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency.*

Dated: June 13, 2006.

**Deborah Dakin,**

*Senior Deputy Chief Counsel, Regulations and Legislation Division, Office of Thrift Supervision.*

By Order of the Board of Directors.

Dated at Washington, DC, this 8th day of June, 2006.

Federal Deposit Insurance Corporation.

**Robert E. Feldman,**

*Executive Secretary.*

By the National Credit Union Administration Board on June 6, 2006.

**Mary Rupp,**

*Secretary of the Board.*

**BILLING CODE 4810-02-P**

Previous editions will not be accepted after June 30, 2007	<h2 style="margin: 0;">Suspicious Activity Report by Depository Institutions</h2> <p style="margin: 5px 0;">▶ Please type or print. Always complete entire report. See instructions for items marked with an asterisk ( * ). This report may be jointly filed (See instructions).</p>	<table border="0" style="width:100%;"> <tr> <td style="font-size: small;">Regulator</td> <td style="font-size: small;">Form No.</td> <td style="font-size: small;">OMB No.</td> </tr> <tr> <td>FDIC:</td> <td>6710/06</td> <td>3064-0077</td> </tr> <tr> <td>FinCEN:</td> <td>111</td> <td>1506-0001</td> </tr> <tr> <td>FRB:</td> <td>FR 2230</td> <td>7100-0212</td> </tr> <tr> <td>NCUA:</td> <td>2362</td> <td>3133-0094</td> </tr> <tr> <td>OCC:</td> <td>8010-1</td> <td>1557-0180</td> </tr> <tr> <td>OCC:</td> <td>8010-9</td> <td>1557-0180</td> </tr> <tr> <td>OTS:</td> <td>1601</td> <td>1550-0003</td> </tr> </table>	Regulator	Form No.	OMB No.	FDIC:	6710/06	3064-0077	FinCEN:	111	1506-0001	FRB:	FR 2230	7100-0212	NCUA:	2362	3133-0094	OCC:	8010-1	1557-0180	OCC:	8010-9	1557-0180	OTS:	1601	1550-0003
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1  Check this box only if amending or correcting a prior report.      1a  Check this box if this is a recurring report (See instructions).

1b  Check this box if this report is being filed jointly with another financial institution (See instructions for restrictions on joint filing. Also note instructions for listing joint filer information).

**Part I Subject Information**      2 Check box    a  if multiple subjects      b  if subject information is unavailable

*3 Individual's last name or entity's legal name	*4 First name	5 Middle initial
6 Also known as (AKA - individual) or doing business as (DBA - entity)	7 Occupation or type of business	
*8 Address	*9 City	*10 State
*11 ZIP Code	*12 Country (if not US) (enter 2-digit code)	*13 SSN, EIN or TIN
*14 Date of birth MM DD YYYY		
*15 Forms of identification for subject: 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 Number _____ f Issuing Authority _____		
16 Phone number - personal (include area code) ( ) - -	17 Phone number - work (include area code) ( ) - -	18 E-mail address (if available)
*19 Is the relationship an insider relationship?    a <input type="checkbox"/> Yes    b <input type="checkbox"/> No If Yes specify:    c <input type="checkbox"/> Still employed at institution    e <input type="checkbox"/> Terminated d <input type="checkbox"/> Suspended                                        f <input type="checkbox"/> Resigned		20 If "yes" to item 19, date of action for d, e, or f. MM / DD / YYYY
Note: A joint SAR cannot be filed if item 19 is checked "yes."		*21 Admission or confession? a <input type="checkbox"/> Yes    b <input type="checkbox"/> No

**Part II Suspicious Activity Information**

*22 Date or date range of suspicious activity From MM / DD / YYYY To MM / DD / YYYY	*23 Total amount involved in suspicious activity    a <input type="checkbox"/> Amount unknown \$ _____ .00																								
*24 Summary characterization of suspicious activity (check no more than 10):																									
<table border="0" style="width:100%;"> <tr> <td>a <input type="checkbox"/> Bank Secrecy Act/structuring/ money laundering</td> <td>g <input type="checkbox"/> Consumer loan fraud</td> <td>n <input type="checkbox"/> False statement</td> </tr> <tr> <td>b <input type="checkbox"/> Bribery/gratuity</td> <td>h <input type="checkbox"/> Counterfeit check</td> <td>o <input type="checkbox"/> Misuse of position or self dealing</td> </tr> <tr> <td>c <input type="checkbox"/> Check fraud</td> <td>i <input type="checkbox"/> Counterfeit credit/debit card</td> <td>p <input type="checkbox"/> Mortgage loan fraud</td> </tr> <tr> <td>d <input type="checkbox"/> Check kiting</td> <td>j <input type="checkbox"/> Counterfeit instrument (other)</td> <td>q <input type="checkbox"/> Mysterious disappearance</td> </tr> <tr> <td>e <input type="checkbox"/> Commercial loan fraud</td> <td>k <input type="checkbox"/> Credit card fraud</td> <td>r <input type="checkbox"/> Wire transfer fraud</td> </tr> <tr> <td>f <input type="checkbox"/> Computer intrusion</td> <td>l <input type="checkbox"/> Debit card fraud</td> <td>t <input type="checkbox"/> Terrorist financing</td> </tr> <tr> <td></td> <td>m <input type="checkbox"/> Defalcation/embezzlement</td> <td>u <input type="checkbox"/> Identity theft</td> </tr> <tr> <td>s <input type="checkbox"/> Other _____</td> <td colspan="2">(type of activity)</td> </tr> </table>		a <input type="checkbox"/> Bank Secrecy Act/structuring/ money laundering	g <input type="checkbox"/> Consumer loan fraud	n <input type="checkbox"/> False statement	b <input type="checkbox"/> Bribery/gratuity	h <input type="checkbox"/> Counterfeit check	o <input type="checkbox"/> Misuse of position or self dealing	c <input type="checkbox"/> Check fraud	i <input type="checkbox"/> Counterfeit credit/debit card	p <input type="checkbox"/> Mortgage loan fraud	d <input type="checkbox"/> Check kiting	j <input type="checkbox"/> Counterfeit instrument (other)	q <input type="checkbox"/> Mysterious disappearance	e <input type="checkbox"/> Commercial loan fraud	k <input type="checkbox"/> Credit card fraud	r <input type="checkbox"/> Wire transfer fraud	f <input type="checkbox"/> Computer intrusion	l <input type="checkbox"/> Debit card fraud	t <input type="checkbox"/> Terrorist financing		m <input type="checkbox"/> Defalcation/embezzlement	u <input type="checkbox"/> Identity theft	s <input type="checkbox"/> Other _____	(type of activity)	
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	m <input type="checkbox"/> Defalcation/embezzlement	u <input type="checkbox"/> Identity theft																							
s <input type="checkbox"/> Other _____	(type of activity)																								
*25 Loss amount prior to recovery (if applicable) \$ _____ .00	*26 Amount of recovery (if applicable) \$ _____ .00																								

Paperwork Reduction Act Notice: The purpose of this form is to provide an effective and consistent means for financial institutions to notify appropriate law enforcement agencies of known or suspected criminal conduct or suspicious activities that take place at or were perpetrated against financial institutions. This report is required by law, pursuant to authority contained in the following statutes. Board of Governors of the Federal Reserve System: 12 U.S.C. 324, 334, 611a, 1844(b) and (c), 3105(c) (2) and 3106(a). Federal Deposit Insurance Corporation: 12 U.S.C. 93a, 1818, 1881-84, 3401-22. Office of the Comptroller of the Currency: 12 U.S.C. 93a, 1818, 1881-84, 3401-22. Office of Thrift Supervision: 12 U.S.C. 1463 and 1464. National Credit Union Administration: 12 U.S.C. 1766(a), 1786(g). Financial Crimes Enforcement Network: 31 U.S.C. 5318(g). Information collected on this report is confidential (5 U.S.C. 552(b)(7) and 552a(k)(2), and 31 U.S.C. 5318(g)). The Federal financial institutions' regulatory agencies and the U.S. Departments of Justice and Treasury may use and share the information. Public reporting and recordkeeping burden for this information collection is estimated to average 60 minutes per response, and includes time to gather and maintain data in 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 Budget, Paperwork Reduction Project, Washington, DC 20503 and, depending on your primary Federal regulatory agency, to Secretary, Board of Governors of the Federal Reserve System, Washington, DC 20551; or Assistant Executive Secretary, Federal Deposit Insurance Corporation, Washington, DC 20429; or Legislative and Regulatory Analysis Division, Office of the Comptroller of the Currency, Washington, DC 20219; or Office of Thrift Supervision, Enforcement Office, Washington, DC 20552; or National Credit Union Administration, 1775 Duke Street, Alexandria, VA 22314; or Office of the Director, Financial Crimes Enforcement Network, Department of the Treasury, P.O. Box 39, Vienna, VA 22183. The agencies 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.

<b>Part III Reporting Financial Institution Information (See instructions)</b>				<b>2</b>
27 Name of holding company or lead financial institution (If filing institution)			28 EIN for company listed in item 27 	
29 Address of company listed in item 27		30 City	31 State	32 ZIP Code 
*33 Name of financial institution This is: a <input type="checkbox"/> Filing institution or b <input type="checkbox"/> Joint filer			*34 EIN for institution listed in item 33 	
*35 Address of financial institution			36 Internal control/file number (If available)	
*37 City		*38 State	*39 ZIP Code 	
*40 Primary Federal Regulator a <input type="checkbox"/> Federal Reserve b <input type="checkbox"/> FDIC c <input type="checkbox"/> NCUA d <input type="checkbox"/> OCC e <input type="checkbox"/> OTS f <input type="checkbox"/> IRS g <input type="checkbox"/> SEC h <input type="checkbox"/> CFTC				
*41 Account number(s) affected that are related to subject listed in Part I, if any. Check "Yes" if closed. Enter name/entity from Part I, item 3. a _____ Yes <input type="checkbox"/> b _____ Yes <input type="checkbox"/> c _____ Yes <input type="checkbox"/> d _____ Yes <input type="checkbox"/>				
*42 Relationship of the subject (Part I) to the above listed financial institution (check no more than four): a <input type="checkbox"/> Accountant b <input type="checkbox"/> Agent c <input type="checkbox"/> Appraiser d <input type="checkbox"/> Attorney e <input type="checkbox"/> Borrower f <input type="checkbox"/> Broker g <input type="checkbox"/> Customer h <input type="checkbox"/> Director i <input type="checkbox"/> Employee j <input type="checkbox"/> Officer k <input type="checkbox"/> Shareholder l <input type="checkbox"/> Other				
*43 Address of branch or office where activity occurred				
44 City		45 State	46 ZIP Code 	47 Country (If not US, enter 2 digit code) 
48 Address of branch or office where activity occurred (if required)				
49 City		50 State	51 ZIP Code 	52 Country (If not US, enter 2 digit code) 
53 Address of branch or office where activity occurred (if required)				
54 City		55 State	56 ZIP Code 	57 Country (If not US, enter 2 digit code) 
58 Address of branch or office where activity occurred (if required) <input type="checkbox"/> Check if additional branch addresses are listed in Part V				
59 City		60 State	61 ZIP Code 	62 Country (If not US, enter 2 digit code) 
<b>Part IV Contact for Assistance</b>				
*63 Designated contact office		*64 Designated phone number (include area code) (     )		*65 Date filed (See instructions) ___ / ___ / ___ MM DD YYYY
66 Agency (if not filed by financial institution)				
<p><b>Special note:</b> If this report is being filed jointly, box 1b must be checked and item 33 completed. A Part III and Part IV must be completed for each institution. Reminder: A joint SAR cannot be filed if box 19 is checked "yes".</p> <p style="text-align: center;">Send each completed SAR report to:</p> <p style="text-align: center;">Detroit Computing Center Attn: SAR-DI P.O. Box 33980 Detroit, MI 48232-0980</p>				

**Part V \*Suspicious Activity Information - Narrative****3**

**Explanation/description of suspicious activity(ies).** 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 narrative description of the activity. The narrative should address as much of the information listed below as possible which covers the who/what/when/where of the activity.

- a. **Describe** the conduct that raised suspicion, why it was suspicious and the date discovered. Did the activity have a material impact on or affect the financial institution's soundness?
- b. **Explain** whether the transaction(s) was completed or only attempted.
- c. **Describe** supporting documentation (e.g., transaction records, new account information, tape recordings, e-mail messages, correspondence, etc.). **The filer (and joint filer if appropriate) must retain a copy of the SAR and its supporting documentation and retain such documentation on file for five years.**
- d. **Explain** who benefited, financially or otherwise, from the transaction(s), how much and how (if known).
- e. **Describe and retain** any admission, or explanation of the transaction(s) provided by the subject(s), or other persons. Indicate to whom and when it was given.
- f. **Describe and 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, other). If the institution or branch has been closed, indicate date.
- h. **Recommend** any further investigation that might assist law enforcement authorities.
- i. **Indicate** whether any information has been excluded from this report; if so, state reasons.
- j. **Indicate** whether the suspicious activity is an isolated incident or relates to another transaction. Note if this is an updated report and if so, provide the date of the original SAR regarding this activity.
- k. **Indicate** whether there is any related litigation. If so, specify the names of the parties involved and the court where the action is pending.
- l. **Indicate** whether U.S. or foreign currency and/or U.S. or foreign negotiable instrument(s) were involved. If foreign, provide the amount, name of currency, and country of origin.
- m. **Describe** any funds transfers, including in or out identifier numbers, parties involved, dates, amounts, and financial institutions involved.
- n. **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.
- o. **Describe** subject(s) position(s) if employed by the financial institution.
- p. **Indicate** the type of institution filing this report, if this is not clear.
- q. **Indicate** if a law enforcement agency has been contacted, list the name of the agency and the name of any person contacted, their title, their telephone number, and when they were contacted.
- r. **If correcting or amending a prior report, complete the form in its entirety and note the changes here in Part V.** See instructions.
- s. SAR's are confidential. Please refer to following references: OCC: 12 CFR 21.11, FRB: 12 CFR 208.62, OTS: 12 CFR 568, FDIC: 12 CFR 354, NCUA: 12 CFR 748, FinCEN 31CFR 103.18.

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

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

Enter the explanation/description narrative in the space below. If necessary, continue the narrative on a duplicate of this page or a blank page. Tips on SAR form preparation and filing are available in the SAR Activity Reviews at [www.fincen.gov/pub\\_reports.html](http://www.fincen.gov/pub_reports.html) or the "SAR Narrative Guidance Package" at [www.fincen.gov/narrativeguidance\\_webintro.pdf](http://www.fincen.gov/narrativeguidance_webintro.pdf)

**The reporting financial institution should not include legal disclaimers in the narrative.**

## Suspicious Activity Report Instructions

1

**Safe Harbor** Federal law (31 U.S.C. 5318(g)(3)) provides complete protection from civil liability for all reports of suspicious transactions made to appropriate authorities, including supporting documentation, regardless of whether such reports are filed pursuant to this report's instructions or are filed on a voluntary basis. Specifically, the law provides that a financial institution, and its directors, officers, employees and agents, that make a disclosure of any possible violation of law or regulation, including in connection with the preparation of suspicious activity reports, "shall not be liable to any person under any law or regulation of the United States, any constitution, law, or regulation of any State or political subdivision of any State, or under any contract or other legally enforceable agreement (including any arbitration agreement), for such disclosure or for any failure to provide notice of such disclosure to the person who is the subject of such disclosure or any other person identified in the disclosure". This applies to the filer and joint filer(s).

**Notification Prohibited:** Federal law (31 U.S.C. 5318(g)(2)) requires that a financial institution and its directors, officers, employees and agents, who, voluntarily or by means of a suspicious activity report, report suspected or known criminal violations or suspicious activities, may not notify any person (subject involved in the transaction that the transaction has been reported. See narrative checklist item "s."

**In situations involving violations requiring immediate attention, such as when a reportable violation is ongoing, the financial institution shall immediately notify, by telephone, appropriate law enforcement and financial institution supervisory authorities in addition to filing a timely suspicious activity report. List any such contact in Part V.**

### General Instructions

Definition: Depository Institution

For the purposes of suspicious activity reporting in accordance with 31 CFR 103.18, and the use of this suspicious activity report form, the term Depository Institution includes those entities listed in 31 CFR 103.11(c) as well as bank holding companies and nonbank subsidiaries of bank holding companies.

#### A. When to file

**General.** Every Depository Institution shall file with the Treasury Department, to the extent and in the manner required by 31 CFR Part 103.18, a report of any suspicious transaction relevant to a possible violation of law or regulation. A Depository Institution may also file with the Treasury Department by using the Suspicious Activity Report specified in 31 CFR Part 103.18, a report of any suspicious transaction that it believes is relevant to the possible violation of any law or regulation but whose reporting is not required by this section.

1. All Depository Institutions operating in the United States, including insured banks, savings

associations, savings association service corporations, credit unions, bank holding companies, nonbank subsidiaries of bank holding companies, Edge and Agreement corporations, and U.S. branches and agencies of foreign banks, are required to make this report following the discovery of:

**a. Insider abuse involving any amount.** Whenever the Depository Institution detects any known or suspected Federal criminal violation, or pattern of criminal violations, committed or attempted against the Depository Institution or involving a transaction or transactions conducted through the Depository Institution, where the Depository Institution believes that it was either an actual or potential victim of a criminal violation, or series of criminal violations, or that the Depository Institution was used to facilitate a criminal transaction, and the Depository Institution has a substantial basis for identifying one of its directors, officers, employees, agents or other institution-affiliated parties as having committed or aided in the commission of a criminal act regardless of the amount involved in the violation.

**b. Violations aggregating \$5,000 or more where a subject can be identified.** Whenever the Depository Institution detects any known or suspected Federal criminal violation, or pattern of criminal violations, committed or attempted against the financial institution or involving a transaction or transactions conducted through the Depository Institution and involving or aggregating \$5,000 or more in funds or other assets, where the Depository Institution believes that it was either an actual or potential victim of a criminal violation, or series of criminal violations, or that the Depository Institution was used to facilitate a criminal transaction, and the Depository Institution has a substantial basis for identifying a possible subject or group of subjects. If it is determined prior to filing this report that the identified subject or group of subjects has used an "alias," then information regarding the true identity of the subject or group of subjects, as well as alias identifiers, such as drivers' licenses or social security numbers, addresses and telephone numbers, must be reported.

**c. Violations aggregating \$25,000 or more regardless of a potential subject.** Whenever the Depository Institution detects any known or suspected Federal criminal violation, or pattern of criminal violations, committed or attempted against the Depository Institution or involving a transaction or transactions conducted through the financial institution and involving or aggregating \$25,000 or more in funds or other assets, where the Depository Institution believes that it was either an actual or potential victim of a criminal violation, or series of criminal violations, or that the Depository Institution was used to facilitate a criminal transaction, even though there is no substantial basis for identifying a possible subject or group of subjects.

**d. Transactions aggregating \$5,000 or more that involve potential money laundering or violations of the Bank Secrecy Act.** Any transaction (which for purposes of this subsection means a deposit, withdrawal, transfer between accounts, exchange of currency, loan, extension of credit, purchase or sale of any stock, bond, certificate of deposit, or other monetary instrument or investment security, or any other payment, transfer, or delivery by, through, or to a Depository Institution, by whatever means effected) conducted or attempted by, at or through the Depository Institution and involving or aggregating \$5,000 or more in funds or other assets, if the Depository Institution knows, subjects, or has reason to suspect that:

i. The transaction involves funds derived from illegal activities or is intended or conducted in order to hide or disguise funds or assets derived from illegal activities (including, without limitation, the ownership, nature, source, location, or control of such funds or assets) as part of a plan to violate or evade any law or regulation or to avoid any transaction reporting requirement under Federal law;

ii. The transaction is designed to evade any regulations promulgated under the Bank Secrecy Act; or

iii. The transaction has no business or apparent lawful purpose or is not the sort in which the particular customer would normally be expected to engage, and the Depository Institution knows of no reasonable explanation for the transaction after examining the available facts, including the background and possible purpose of the transaction.

2. The Bank Secrecy Act requires all institutions to file currency transaction reports (CTRs) in accordance with the Department of the Treasury's implementing regulations (31 CFR Part 103). These regulations require a Depository Institution to file a CTR whenever a currency transaction exceeds \$10,000.

3. If a currency transaction exceeds \$10,000 and is suspicious, the institution must file both a CTR (reporting the currency transaction) and a suspicious activity report (reporting the suspicious or criminal aspects of the transaction). If a currency transaction equals or is below \$10,000 and is suspicious, the institution should only file a suspicious activity report.

4. A Depository Institution is required to file a suspicious activity report no later than 30 calendar days after the date of initial detection of facts that may constitute a basis for filing a suspicious activity report. If no subject was identified on the date of detection of the incident requiring the filing, a Depository Institution may delay filing a suspicious activity report 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.



5. This suspicious activity report does not need to be filed for those robberies and burglaries that are reported to local authorities, or (except for savings associations and service corporations) for lost, missing, counterfeit, or stolen securities that are reported pursuant to the requirements of 17 CFR 240.17f-1.

#### B. How to make a report:

**NOTE:** If this report is jointly filed, both of the filing institutions must retain a copy of the SAR. Each institution must retain their supporting documentation for a period of five years from the date the report was filed.

1. This form should be e-filed through the Bank Secrecy Act E-filing System. Go to <http://bsaeiling.fincen.treas.gov/index.jsp> to register.

This form is also available for download on the Financial Crimes Enforcement Network's Web site at [www.fincen.gov](http://www.fincen.gov), or may be ordered by calling the IRS Forms Distribution Center at (800) 829-3676. This form is also available through your primary federal regulator.

2. If not filed electronically or through magnetic media, send each completed suspicious activity report to:

Detroit Computing Center  
Attn: SAR-DI  
P.O. Box 33980  
Detroit, MI 48232-0980

3. While all items should be completed fully and accurately, items marked with an asterisk (\*) must be completed according to the provisions of paragraph 4 below.

4. If the information for a item marked with a asterisk (\*) is not known or not applicable, enter special response "XX" to complete the item. To indicate "Total amount" as unknown, check the box provided. Non-asterisk fields should be left blank if the information is unknown or not applicable.

5. Complete each suspicious activity report by providing as much information as possible on initial and corrected or amended reports.

6. Do not include supporting documents with the filed suspicious activity report. Retain a copy of the report and all supporting documentation (e.g. transaction records, new account information, tape recordings, correspondence, e-mail messages, etc.) or business record equivalent in your files for five (5) years from the date of the suspicious activity report. All supporting documentation must be made available to appropriate authorities upon request.

7. Type or complete the report using block written letters.

8. If more than one subject is being reported, make a copy of page 1, complete only the subject

information in Part I, and attach the additional page(s) behind page 1. If more space is needed to complete any other item(s), identify that item in Part V by "item number," and add the additional information.

9. Enter all dates in MM / DD / YYYY format where MM = month, DD = day, and YYYY = year. Precede single numbers with zero, i.e., 01,02, etc. If the month or day is unknown, enter "00" in place of the month or day.

10. Record telephone numbers using the format (XXX) XXX-XXXX. List fax numbers and international telephone numbers in Part V.

11. Always enter an individual's name by entering the last name, first name, and middle initial in the appropriate items. If the last or first name is not known, enter "XX" in the item. If an individual has two middle initials, enter both initials in that item. If the middle initial is unknown or the individual has no middle name, enter "XX" in that item.

12. Enter all identifying numbers (alien registration, driver's license/state ID, Employer Identification Number (EIN), Individual Taxpayer Identification Number (ITIN), Foreign National ID, passport, and Social Security Number (SSN), etc.) starting from left to right. Do not include spaces, dashes, or other punctuation.

13. Enter all Post Office ZIP Codes from left to right with at least the first five numbers or all nine numbers (ZIP + 4) if known.

14. Enter all monetary amounts in U.S. Dollars. Use whole dollar amounts rounded up. Enter the amount as a number string without punctuation. If foreign currency is involved, state the name of currency and country of origin in Part V.

15. Addresses. Enter the permanent street address, city, two-letter state/territory abbreviation used by the U.S. Postal Service and ZIP code (ZIP+4 if known) of the individual or entity. Do not use a post office box for an individual, unless no other address is available. For an individual, enter any apartment or suite number and road or route number. If a post office box is used for an entity, enter the street name, suite number, and road or route number. If the individual is from Mexico or Canada, enter the appropriate state or territory code in the state item and MX or CA as appropriate in the country item. If the address is from another foreign country, enter "XX" in the state item and the appropriate two-digit country code in the country item. Complete any part of the address that is known, even if the entire address is not known. If the address is in the U.S., leave the country field blank. Lists of country and state two-digit codes are available on the FinCEN web site at [www.fincen.gov/reg\\_bsaforms.html](http://www.fincen.gov/reg_bsaforms.html), or by calling 1-800-949-2732 and selecting option 5 to request a list by mail.

16. If you have questions or require further assistance, go to [www.fincen.gov](http://www.fincen.gov), contact your primary regulator, or call the FinCEN Helpline at 800-949-2732.

#### C. Specific Suspicious Activity Report preparation instructions

**Item 1--**Check the box if this report amends (adds missing data) or corrects errors in the prior report. (See Part V, item "r").

**Item 1a--** Check this box if this is a recurring report filed on continuing activity.

**Item 1b --** Check this box if this is a jointly filed report with another financial institution.

#### Part I Subject Information

**Note:** Enter information about the person(s) or entity involved that caused this report to be filed, not the victim of the activity.

**Item 2--**If there are multiple subjects involved, check box "2a" and complete a separate Part I for each subject. Check box "2b" only if NO subject information is available. If ANY subject information is available, record that information in Part 1, leave box "2b" blank, and insert the appropriate special response "XX" in any critical item for which data is missing.

**Items \*3, \*4, and \*5--**Individual/entity names. See General Instruction B11 for information on completing name fields. If the subject is an entity, enter the entity's full legal name in Item 3, and "XX" in Item 4, and Item 5.

**Item 6 Also known as--**If an individual has another name under which he or she is commonly known, enter that name in Item 6. If the subject is an entity, record the trade name of the entity in Item 6 if the trade name is different from the legal name in Item 3.

**Item 7--Occupation or type of business.** If known, identify the occupation, profession or business that best describes the individual or entity in Part I (e.g., attorney, car dealer, carpenter, doctor, farmer, plumber, truck driver, etc.). Do not use nondescript terms such as businessman, merchant, store owner (unless store's name is provided), or self employed. If unemployed, or retired are used enter the regular or former occupation if known. If the individual's business activities can be described more fully, provide the additional information in Part V.

**Items \*8, \*9, \*10, \*11, and \*12--** Address. See General Instructions B13 and B15. If any part of the address is not known, enter or "XX" in that item.

**Item \*13--SSN/ITIN (individual) or EIN (entity).** See General Instruction B12. If the subject named in Items 3 through 5 is a U.S. Citizen or an alien with a SSN, enter his or her SSN in Item 13. If

that individual is an alien who has an ITIN, enter that number. If the subject is an entity, enter the EIN. If the identification number is not known, enter "XX" in Item 13.

**Item \*14--Date of birth.** See General Instruction B9. If the subject is an individual, enter the date of birth. Enter "XX" if the date of birth is not known. Enter "XX" if the subject is an entity.

**Item \*15--Forms of identification for subject.** See General Instruction B12. Check the box showing the type of document used to verify the subject's identity. If you check box "d Other," specify the type of document used. You must list the ID number of the identifying document and the issuing authority in 15e and 15f. If no identification was available, check box 15d and enter "XX" in "Other."

**Items 16, 17 & 18--Telephone numbers, E-mail address.** See General Instruction B10. List any additional number(s) that may be available in Part V. List e-mail address if available.

**Item \*19--Insider relationship?** You must check box "a" or "b" showing whether or not there is an insider relationship. If box "a" is checked, you must also check box "c", "d", "e", or "f" to identify the current relationship, and complete Item 20.

**Note: A joint SAR cannot be filed if item 19 is checked "yes."**

**Item 20--Date of Suspension, etc.** Enter the date of any suspension, termination or resignation reflected in Item 18.

**Item 21--Admission or Confession.** Check the appropriate box to indicate whether the subject has admitted or confessed to the suspicious activity. If "Yes," describe the admission or confession more fully in Part V.

## Part II Suspicious Activity Information

**Item \*22--Date or date range of suspicious activity.** See General Instruction B9. Enter the date of the reported activity in the "From" field. If more than one day is involved, indicate the duration of the activity by entering the first date in the "From" field and the last date in the "To" field. If the same individual or organization conducts multiple or related activities within the 30 calendar day period after the date of initial detection, the reporting institution may consider reporting the suspicious transactions on one form, but only if doing so will fully describe what has occurred. A new report must be filed for other related suspicious transactions committed after the initial detection period.

**Item \*23--Total dollar amount.** See General Instruction B14. Check item 23a if the amount is unknown. Enter the total dollar value of the funds or assets involved in the suspicious activity that is conducted by the same individual or organization within the 30 calendar day period after the date of initial detection. For multiple or related suspicious transactions, show the breakdown of this aggregated total in Part V. For abuse

by a person associated with the institution, the value of this Item can be zero (0). Do not use any words, such as "thousand", "million", etc. For foreign currency, convert all values to U.S. Dollars. If box "1" is checked, leave this item blank unless the amount is different than originally reported. If box "1a" is checked, enter the cumulative amount.

**Item \*24--Type of suspicious activity.** Check up to 10 boxes to identify the suspicious activity. Provide a brief explanation in Part V of why each box is checked. If none of the items apply, mark box "s" "Other," enter a brief description on the following line, and provide in Part V an explanation of the type of suspicious activity.

**Items 25 and 26--Amount of loss and recovery (if applicable).** Indicate in Item 25 the amount of the initial loss. This amount cannot be larger than the amount in Item 23. In Item 26 indicate the amount of any recovery. This amount cannot be larger than the amount in Item 25. Both amounts must be in U.S. Dollars.

## Part III Reporting Financial Institution Information

If this report is being completed by a holding company or lead financial institution, complete items 27 through 32. Items 33 through 62 must reflect the location of the financial institution where the reported activity occurred. Note: Item 27 should be left blank if the reported activity occurred at the holding company or lead financial institution. In such cases the institution should complete items 33 to 62 as the filing institution and check box 33a.

**Note:** If filed jointly, a Part III and Part IV must be completed for each institution. If reporting multiple subjects (box 2a checked) complete Part III, items 41 and 42 for each subject.

If this report is being filed jointly (box in item 1b checked), make a copy of page two and complete items 33 through 42 for the joint filer following the same instructions as the filer. Complete branch information, items 43 through 62 if appropriate. If there are additional joint filers, make as many copies of page two as required to record the additional joint filer information. Attach any additional pages behind page three, and indicate the total number of joint filers in Part V.

**NOTE: Reports involving insider abuse may not be filed jointly.**

**Item \*33--Name of financial institution.** Enter the full legal name of the institution, i.e. the name shown on the charter or other document creating the entity where the reported activity occurred. Check box "a", "Filing institution" when the listed institution is the institution preparing and filing the report. Check box "b", "Joint filer" for all other reporting institutions. See holding company note above.

**Item \*34--EIN.** See General Instruction B12. Enter the EIN of the financial institution listed in item 33.

**Items \*35, \*37, \*38, and \*39--Address.** See General Instructions B13 & B15. This address should be the address of the principal office or headquarters in the United States.

**Item 36--Internal control/file number (If available).** Enter any internal file or report number assigned by the reporting institution to track this report. This information will act as an identification aid if contact is required.

**Item 40--Primary Federal Regulator (This item must be completed for all reports).** Depository Institutions filing this report must check box "a" through "e" (only one). For all other institutions, check box "f", "g", or "h" as appropriate.

**Item \*41--Account number(s).** Enter up to four account numbers for financial institution accounts involved in the activity. Check the box "Yes" if an account is closed. Enter additional account numbers in Part V. Enter "XX" in Item 41a if no accounts are involved. Enter name from Part I, Item 3, in the space provided.

**Item 42--Relationship to financial institution.** Check the appropriate box(es) to indicate whether or not the subject identified in Part I, items 3-5 is or was associated with the reporting institution. Up to four boxes can be checked.

**Items \*43- 62--Branch or office addresses.** See General Instructions B13 & B15. Provide the addresses of up to four branch locations where the most significant portion of the suspicious activity occurred. If there are more than four branches, check the box labeled "Check if additional branch ..." in the last branch address (item 58) and list the additional locations in Part V. If there are no branch addresses involved, enter "XX" in Item 43.

## Part IV Contact for Assistance

**Item \*63-- Designated contact office.** Enter the name of the office that the holding company or financial institution has designated to receive request for assistance with this report. This office must have an individual knowledgeable of this report available during regular business hours.

**Item \*64--Phone number.** See General Instruction B10. Enter the work telephone number of the contact office.

**Item \*65--Date filed.** See General Instruction B9. Enter the date this report was filed. For electronic filing, it is the date that the report was e-filed using BSA Direct. For magnetic media filing, it is the date the magnetic media was forwarded to DCC. For all other filers, it is the date the financial institution completed the final review and mailed/submitted the report to DCC.

**Item 66--Agency.** If this report is filed by an agency other than a financial institution such as a regulator or OFAC, enter the name of the reporting agency in Item 65.

## Part V--\*Suspicious Activity Information -Narrative.

This is the most important section, and should be completed in as much detail as possible. See page 3 of the form for specific instructions for completing the narrative. The filing/reporting financial institution should not include legal disclaimers in the narrative.

[FR Doc. 06-5492 Filed 6-16-06; 8:45 am]

BILLING CODE 4810-02-C

**DEPARTMENT OF THE TREASURY****Internal Revenue Service****Proposed Collection; Comment Request for Form 8613****AGENCY:** Internal Revenue Service (IRS), Treasury.**ACTION:** Notice and request for comments.

**SUMMARY:** The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form 8613, Return of Excise Tax on Undistributed Income of Regulated Investment Companies.

**DATES:** Written comments should be received on or before August 18, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn Kirkland Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the form and instructions should be directed to Larnice Mack at Internal Revenue Service, room 6512, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622-3179, or through the Internet at ([Larnice.Mack@irs.gov](mailto:Larnice.Mack@irs.gov)).

**SUPPLEMENTARY INFORMATION:**

**Title:** Return of Excise Tax on Undistributed Income of Regulated Investment Companies.

**OMB Number:** 1545-1016.

**Form Number:** 18613.

**Abstract:** Form 8613 is used by regulated investment companies to compute and pay the excise tax on undistributed income imposed under Internal Revenue Code section 4982. IRS uses the information to verify that the correct amount of tax has been reported.

**Current Actions:** There are no changes being made to the form at this time.

**Type of Review:** Extension of a currently approved collection.

**Affected Public:** Business or other for-profit organizations.

**Estimated Number of Respondents:** 1,500.

**Estimated Time Per Respondent:** 11 hours, 53 minutes.

**Estimated Total Annual Burden Hours:** 17,820.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

**Request for Comments:** Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: June 9, 2006.

**Glenn Kirkland,**

*IRS Reports Clearance Office.*

[FR Doc. E6-9522 Filed 6-16-06; 8:45 am]

BILLING CODE 4830-01-P

**DEPARTMENT OF THE TREASURY****Internal Revenue Service****Proposed Collection; Comment Request for Form 8453-T****AGENCY:** Internal Revenue Service (IRS), Treasury.**ACTION:** Notice and request for comments.

**SUMMARY:** The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information

collections, as required by the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Form 8453-T, Transmittal for Certain Corporations Required to e-file.

**DATES:** Written comments should be received on or before August 18, 2006 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn P. Kirkland, Internal Revenue Service, room 6516, 1111 Constitution Avenue NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of the form and instructions should be directed to R. Joseph Durbala, (202) 622-3634, at Internal Revenue Service, room 6516, 1111 Constitution Avenue NW., Washington, DC 20224, or through the Internet at [RJoseph.Durbala@irs.gov](mailto:RJoseph.Durbala@irs.gov).

**SUPPLEMENTARY INFORMATION:**

**Title:** Transmittal for Certain Corporations Required to e-file.

**OMB Number:** 1545-2013.

**Form Number:** Form 8453-T.

**Abstract:** Form 8453-T is used if a corporation is required to file 25 or more of certain international forms, not including any required schedules, have a paper option that can be used for filing those forms.

**Current Actions:** There is no change in the paperwork burden previously approved by OMB. This form is being submitted for renewal purposes only.

**Type of Review:** Extension of a currently approved collection.

**Affected Public:** Businesses and other for-profit organizations.

**Estimated Number of Respondents:** 5,000.

**Estimated Time per Respondent:** 3 hours 29 minutes.

**Estimated Total Annual Burden Hours:** 17,450.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

**Request for Comments:** Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of