

Section 1 Filer's Contact Information

Please provide the following information so that we may contact you if necessary

Last Name

First Name

email address

Please confirm email address

Phone number *

* Please note that we will never contact you without your permission, but in case we cannot reach you via your email address we will reach you by phone

Section 2 Report Identification

Filing Name – Please select a descriptive name to identify this report (e.g. Your last name and the year)

This Report is for calendar year (ending 12/31)

If Report is filed late, please enter one of the reasons shown

Other – Please explain below

Forgot to File,
Did not know that I had to file,
Thought account balance was below reporting threshold,
Did not know my account qualifies as foreign,
Account statement not received in time,
Account statement lost,
Late receiving missing required account information,
Unable to obtain joint spouse signature in time,
Other

Section 3 Filer Information

Last Name or Organization's name

First Name

Middle Name

Suffix

Filer's Date of Birth (mm/dd/yy)

Address

Country/Region

City

State

ZIP/ Postal Code

Type of Filer (Individual, Partnership, Consolidated, Corporation, Fiduciary, Other)

If Other, please explain

Does filer have financial interest in 25 or more accounts?

No

If Yes - Please enter the number of accounts below

If "Yes" is checked do not complete Part II or Part III, but retain records of this information

Does filer have signature authority but no financial interest in or 25 or more accounts?

No

If Yes - Please enter the number of accounts below

If "Yes" is checked Complete Part IV for each person on whose behalf the filer has signature authority.

Taxpayer Identification Number (TIN)(Please select one and provide the relevant number)

SSN/ITIN (Social Security Number/Individual Taxpayer Identification Number)

EIN (Employer Identification Number - if Filing as a Corporation)

Foreign identification

(Please indicate type e.g. Passport or Other)

Country of Issue

Number

Please complete one copy of this form for each account owned separately

Financial Accounts Owned Separately

Type of Account (Bank, Securities, Other)

If Other, Please specify

Please specify the amount* and currency (US dollars unless otherwise specified)

Check here if you don't know the amount

*Should be maximum amount in account during the fiscal year being reported

Financial Institution Name

Account Number

Address

City

Zip/Postal Code

Country/Region

State

City

If Part Two does not apply to you, please leave blank.

To record information on jointly-owned accounts only, please skip to Part Three

To record information on accounts for which you have signature authority,
but no financial interest in, please skip to Part Four.

Please complete one copy of this form for each account owned jointly

Financial Accounts Owned Jointly

Type of Account (Bank, Securities, Other)

If Other, Please specify

Please specify the amount* and currency (US dollars unless otherwise specified)

Check here if you don't know the amount

*Should be maximum amount in account during the fiscal year being reported

Financial Institution Name

Account Number

Number of Joint Owners (Not including yourself)

Address

Country/Region

City

State

Zip/Postal Code

Principal Joint Owner Information (Please complete one copy for each owner -
Please enter the account number on each form)

TIN Type (EIN, SSN/ITIN, Foreign)

Number

Last Name or Organization's name

First Name

Middle Name

Suffix

Address

Country/Region

City

State

ZIP/ Postal Code

If Part Three does not apply to you, please leave blank.

Part Four: Financial account(s) where filer has signature or other authority but no financial interest in the account(s):

Please complete one copy of this form for each account with signature authority and number the pages accordingly

Financial Accounts with Signature Authority

Type of Account (Bank, Securities, Other)

If Other, Please specify

Please specify the amount* and currency (US dollars unless otherwise specified)

Check here if you don't know the amount

*Should be maximum amount in account during the fiscal year being reported

Financial Institution Name

Account Number

Number of Joint Owners (Not including yourself)

Address

Country/Region

City

State

Zip/Postal Code

Owner Information (Please complete one copy for each owner -
Please enter the account number on each form)

TIN Type (EIN, SSN/ITIN, Foreign)

Number

Last Name or Organization's name

Filer's Title with this Owner

First Name

Middle Name

Suffix

Address

Country/Region

City

State

ZIP/ Postal Code

Credit Card Authorization

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.*

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____ Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card
except for American Express where it's the first 4 digits on the front)

Fee: \$195 for a single year FBAR filing or \$295 to streamline multiple past years

Amount to Charge: \$ _____ (USD)

I authorize www.EfileFbar.com (Tax Form - THS) to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Please print Name, Sign and Date Below:

Name: _____

Signature: _____ Date: _____

Once signed, return the completed form to:

By email, please take a CLEAR scan or picture of all pages that are filled in and email to efilefbar@gmail.com

By mail, please mail to FBAR Processing, 1164 Norton Drive, Far Rockaway, NY 11691