

FinCEN Form **105**
July 2017
Department of the Treasury
FinCEN



DEPARTMENT OF THE TREASURY
FINANCIAL CRIMES ENFORCEMENT NETWORK

**REPORT OF INTERNATIONAL
TRANSPORTATION OF CURRENCY
OR MONETARY INSTRUMENTS**

► To be filed with the Bureau of
Customs and Border Protection
► For Paperwork Reduction Act
Notice and Privacy Act Notice,
see back of form.

31 U.S.C. 5316; 31 CFR 1010.340 and 1010.306

► Please type or print.

PART I FOR A PERSON DEPARTING OR ENTERING THE UNITED STATES, OR A PERSON SHIPPING, MAILING, OR RECEIVING CURRENCY OR MONETARY INSTRUMENTS. (IF ACTING FOR ANYONE ELSE, ALSO COMPLETE PART II BELOW)

1. NAME (Last or family, first, and middle)		2. IDENTIFICATION NO. (See instructions)		3. DATE OF BIRTH (Mo./Day/Yr.)	
4. PERMANENT ADDRESS IN UNITED STATES OR ABROAD				5. YOUR COUNTRY OR COUNTRIES OF CITIZENSHIP	
6. ADDRESS WHILE IN THE UNITED STATES				7. PASSPORT NO. & COUNTRY	
8. U.S. VISA DATE (Mo./Day/Yr.)		9. PLACE UNITED STATES VISA WAS ISSUED		10. IMMIGRATION ALIEN NO.	

11. IF CURRENCY OR MONETARY INSTRUMENT IS ACCOMPANIED BY A PERSON, **COMPLETE 11a OR 11b, not both**

A. EXPORTED FROM THE UNITED STATES

COMPLETE "A" OR "B" NOT BOTH

B. IMPORTED INTO THE UNITED STATES

Departed From: (U.S. Port/City in U.S.)		Arrived At: (Foreign City/Country)		Departed From: (Foreign City/Country)		Arrived At: (City in U.S.)	
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12. IF CURRENCY OR MONETARY INSTRUMENT WAS MAILED OR OTHERWISE SHIPPED, COMPLETE 12a THROUGH 12f

12a. DATE SHIPPED (Mo./Day/Yr.)	12b. DATE RECEIVED (Mo./Day/Yr.)	12c. METHOD OF SHIPMENT (e.g. u.s. Mail, Public Carrier, etc.)	12d. NAME OF CARRIER
12e. SHIPPED TO (Name and Address)			
12f. RECEIVED FROM (Name and Address)			

PART II INFORMATION ABOUT PERSON(S) OR BUSINESS ON WHOSE BEHALF IMPORTATION OR EXPORTATION WAS CONDUCTED

13. NAME (Last or family, first, and middle or Business Name)	
14. PERMANENT ADDRESS IN UNITED STATES OR ABROAD	
15. TYPE OF BUSINESS ACTIVITY, OCCUPATION, OR PROFESSION	15a. IS THE BUSINESS A BANK? ☐ Yes ☐ No

PART III CURRENCY AND MONETARY INSTRUMENT INFORMATION (SEE INSTRUCTIONS ON REVERSE)(To be completed by everyone)

16. TYPE AND AMOUNT OF CURRENCY/MONETARY INSTRUMENTS		17. IF OTHER THAN U.S. CURRENCY IS INVOLVED, PLEASE COMPLETE BLOCKS A AND B. A. Currency Name B. Country
Currency and Coins	\$	
Other Monetary Instruments (Specify type, issuing entity and date, and serial or other identifying number.)	\$	
(TOTAL)	\$	

PART IV SIGNATURE OF PERSON COMPLETING THIS REPORT

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief it is true, correct and complete.

18. NAME AND TITLE (Print)	19. SIGNATURE	20. DATE OF REPORT (Mo./Day/Yr.)
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CUSTOMS AND BORDER PROTECTION USE ONLY

THIS SHIPMENT IS ☐ INBOUND ☐ OUTBOUND		PORT CODE	CBP QUERY? Yes ☐ No ☐	COUNT VERIFIED Yes ☐ No ☐	VOLUNTARY REPORT Yes ☐ No ☐
DATE	AIRLINE/FLIGHT/VESSEL	LICENSE PLATE STATE/COUNTRY NUMBER		INSPECTOR (Name and Badge Number)	