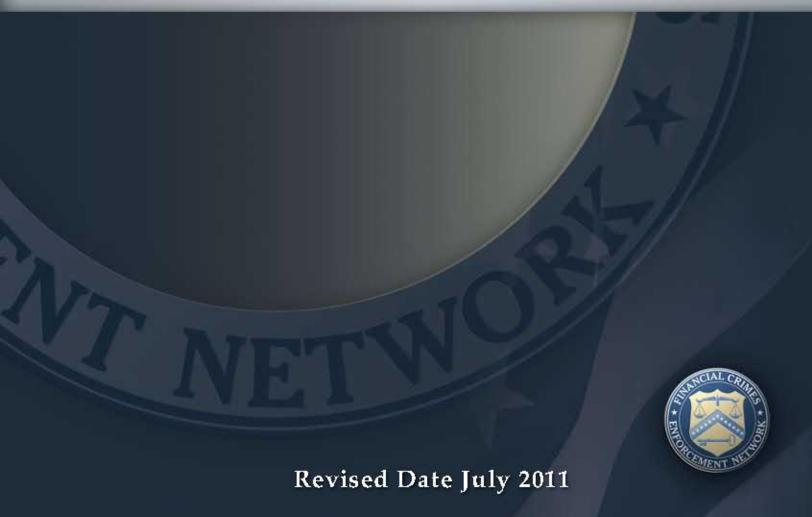


Currency Transaction Report (CTR)
(FinCEN Form 104) and
Designation of Exempt Person (DEP)
(FinCEN Form 110)



DEPARTMENT OF THE TREASURY

These Specifications for Electronic Filing of the Currency Transaction Report (CTR) (FinCEN Form 104) and the Designation of Exempt Person (DOEP) (FinCEN Form 110) were developed under the sponsorship of the following:

Financial Crimes Enforcement Network
Internal Revenue Service

Table of Contents

Purpose	1
Electronic Filing	1
File Organization	2
Record Layouts	4
Transmitter (1A) Record - Required	
Parent Financial Institution (2A) Record - Required	6
Financial Institution Branch (2B) Record - Required	8
Transaction Summary (3A) Record - Required	
Account Number (3E) Record	
Transactor (Part 1, Section B) (4A) Record	. 16
Owner (Part I, Section A) (5A) Record - Required	
Owner DBA Name (5A) Record	. 21
Financial Institution Branch Summary (9A) Record - Required.	. 22
Parent Financial Institution Summary (9B) Record - Required	. 23
Designation of Exempt Person (Part I/II) (9E) Record	. 24
Designation of Exempt Person (Part IV) (9F) Record	. 27
Designation of Exempt Person (Part III) (9G) Record	
File Summary (9Z) Record - Required	
Acknowledgment Record Formats	
Acknowledgement Transmitter (1A) Record	
Acknowledgement Parent Financial Institution (2A) Record	
Acknowledgement Financial Institution Branch (2B) Record	. 33
Acknowledgement Transaction Summary (3R) Record	
Acknowledgement Designation of Exempt Person (9R) Record.	
Acknowledgement File Summary (9Z) Record	
Attachment A - Definitions	. 37
Attachment B - Error Code List	. 38
Attachment C - FAQs	
Attachment D - Field Editing Instructions	

Revision History

Version Number	Date	Reason for Change
1.1	3/12/08	Removed references to 9-track tapes; Code 'G' for Government Issued ID added to Method of ID.
1.2	3/17/08	State and Country and ZIP Code reference central lists on FinCEN.gov.
1.3	7/19/08	Replaces references to magnetic media with references to electronic filing using the BSA E-Filing System.
		General information has been moved from this document to the General Specifications For Electronic Filing Of Bank Secrecy Act (BSA) Reports (General Specifications). Only specific information regarding this form has been retained in this document.
		The 5A Owner Record, positions 135-169, is no longer Required, and its associated error code of 120 has been deleted.
1.4	4/9/10	File Organization, Record Layout, and Acknowledgement record titles updated.
		All references to "zip code" changed to "ZIP Code".
		All references to DEP changed to DOEP.
		Record 3E, Field Position 16-159, "Customer Account Information (Item 35), clarified: "Up to 6 account numbers can be recorded in a 3E Record."
		Record 4A, position 134, Method of Identification (Item 25) updated to remove the list option "F Foreign Entity with no ID".
		Record 5A, position 170, changed to remove the item 25d list option "F Foreign Entity with no ID".

Version Number	Date	Reason for Change
		Record 9B, Field Position 3-9, Branch Record Count, clarified: "Enter count of branch (2B) records for the FI."
		Record 9F introductory paragraph, reference to Part IV removed from last sentence.
		Record 9F, Field Position 28-62, capitalized "Official" in field title.
		Record 9F, Field Position 71-105, Name of Contact Person (Item 24) revised: "REQUIRED. The contact person must be the same as the approving official. Enter the name from 'Approving Official Name' in this field."
		Record 9F, item numbers revised.
		Record 9F, Field Position 116-150, Name of Approving Official of Biennial Updates Only (Item 27), removed.
		Record 9F, Field Position 151-210 changed to 116-210.
		Record 9G introductory paragraph last sentence added: "Use of the word bank in this record includes banks and credit unions."
		Record 9Z, Field Position 3-12, field title changed to "Parent Financial Institution Record Count".
		Record 9Z, Field Position 13-22, field title changed to "Financial Institution Branch Record Count".
		Record 9Z, Field Position 23-32, clarified: "Enter count of Transaction Summary (2B) Records."
		Record 9Z, Field Position 33-42, field title changed to "Account Number Records." Remarks clarified: "Enter count of Account Number (3E) Records."
		Record 9Z, Field Position 43-52, Transactor Record Count, clarified: "Enter count of Transactor (Part I, Section B) (4A) Records."
		Record 9Z, Field Position 53-62, Owner Record Count,

Version Number	Date	Reason for Change
		clarified: "Enter count of Owner (Part I, Section A) (5A) Records."
		Record 9Z, Field Position 87-98, Total Exempt Record Count, clarified: "Enter count of Designation of Exempt Person (Part I/II) (9E) Records."
		Record 9Z, Field Position 99-110, field title changed to "Financial Institution Record Count." Remarks clarified: "Enter count of Designation of Exempt Person (Part III) (9G) Record."
		Acknowledgement Record titles revised.
		Attachment A – Definitions revised: "Drawer" deleted, Added "Instrument" to "Negotiable" Added "Transactor" and definition "Person" changed to "individual" in definitions Deleted duplicate word "or" from Error Code 098. Attachment D – Field Editing Instructions, deleted "THE"
		from list of prohibited words. Last sentence removed from item G.
1.5	6/28/2010	Record 1A, Field Positions 102-110, Transmitter ZIP Code remarks clarified.
		Record 2A introduction revised to remove reference to Part III fields. Field Names updated to remove item numbers.
		Record 2A, Field Positions 103-111, Institution ZIP Code, remarks clarified.
		Record 2B, Field Positions 110-118, Institution ZIP Code (Item 42), remarks clarified.
		Record 4A, Field Positions 114-122, ZIP Code (Item 22), remarks clarified.

Version	Date	Reason for Change
Number		Record 4A, Field Position 125-133, SSN (Item 19) added: Do not enter hyphens, slashes, alpha characters, or invalid entries such as all nines, all zeros, or "123456789".
		Record 5A, Field Positions 115-123, Org. or Indiv. ZIP Code (Item 11), remarks clarified.
		Record 9E, Field Position 144-152, Exempt Person ZIP Code remarks clarified.
		Record 9G, Field Position 108-116, Affiliate Bank ZIP Code, remarks clarified.
		The term "Bank" and the definition added to Attachment A - Definitions.
		Attachment B – Error Code List revised to add Record, Field Position, and Form Field Number.
		Missing 3A error codes 076, 077, 078, 079 were added.
		DEP Error Code 901 revised to remove code "B" from and add codes "C" and "D" to Error Source.
1.5	12/03/2010	Added missing error codes F34-F39, 029,150 and E00-E09
1.6	07/18/2011	Error codes F24, F37, and 005 added to Attachment B – Error Code List.
		Updated error description for error codes 003, 007, 113, & 117 in Attachment B – Error Code List.

Purpose

The purpose of this specification is to provide the requirements and conditions for electronically filing Currency Transaction Report (CTR) FinCEN Form 104 and Designation of Exempt Person (DOEP) FinCEN Form 110. For the purpose of these specifications, electronic filing of this report will be through the BSA E-Filing System operated by the Financial Crimes Enforcement Network (FinCEN). For more information on the BSA E-Filing System and to register please go to http://bsaefiling.fincen.treas.gov. This document should be used in conjunction with the 'General Specifications for Electronic Filing of Bank Secrecy Act (BSA) Reports' (General Specifications) available at http://www.fincen.gov/forms/files/e-filing_GENspecs.pdf. It is recommended that you refer to the General Specifications first, and then the specific information contained in this document.

Electronic Filing

The BSA E-Filing System Batch File Testing Procedures are detailed in a separate document that can be accessed on the BSA E-Filing System web site at http://bsaefiling.fincen.treas.gov under Quick Links.

For the purpose of this specification, the filer is the organization responsible for filing the CTR.

Do not file a paper CTR (Form 104) or DOEP (FinCEN Form 110) for currency transactions which are reported by electronic means or for customers which have been exempted by electronic means.

Filers are required to retain a copy of the CTR and/or DOEP data or have the ability to reconstruct the data filed electronically for a period of five years. In addition, the electronic filer must retain the acknowledgment from the BSA E-Filing System to facilitate inquiries for the same period as well as any 'working' papers which may be necessary for centralized keying of transactions. Aggregation is to be handled no differently using electronic filing than it would be if filing paper CTRs.

File Organization

The following data controls must be adhered to or the CTR electronic file will be rejected. The data records must be in the following sequence:

Transmitter (1A) Record - Required

First record on the file - must be only one.

Parent Financial Institution (2A) Record - Required

One of this record type for each parent financial institution (FI) on the file. This record type immediately precedes all records relating to the parent FI.

Financial Institution Branch (2B) Record - Required

One of this record type for each branch reporting within the parent FI. This record type precedes all transaction records for the branch.

Transaction Summary (3A) Record - Required

One of this record type for each currency transaction or aggregated transactions being reported for a branch. The Account Number (3E) Record will follow the 3A record if needed.

Account Number (3E) Record

One or more of this record type when one or more customer accounts are affected by the currency transaction(s). Each 3E record can contain up to six account numbers..

Transactor (Part I, Section B) (4A) Record

One of this record type for each person conducting this transaction. These records are not required if one of the Part I, Section B Reason Incomplete codes has an appropriate entry. However it is the responsibility of the financial institution to provide as much information as possible.

Owner (Part I, Section A) (5A) Record – Required

One of this record type for each person on whose behalf the transaction is conducted.

Owner DBA Name (5A) Record

This record is a continuation of the 5A record to allow the Doing Business As (DBA) name if available.

Financial Institution Branch Summary (9A) Record - Required

One record for each branch of an FI being reported. It is the last record for the branch.

Parent Financial Institution Summary (9B) Record – Required

One record for each FI reported. It is the last record for the FI and follows the 9A record for the last branch reported.

Designation of Exempt Person (Part I/II) (9E) Record

One of this record type for each exempt person being reported by a FI. The FI information will relate to the Parent FI 2A record. This record is not required but is used to file DOEP, FinCEN Form 110 electronically.

Designation of Exempt Person (Part IV) (9F) Record

If you have a 9E record you must have a 9F continuation record.

Designation of Exempt Person (Part III) (9G) Record

If you have an Affiliate bank, you must have a 9G continuation record.

File Summary (9Z) Record - Required

Last record on the file - must be only one. Records that fail to meet these requirements will be returned to the filer for correction.

Record Layouts

Transmitter (1A) Record - Required

The first record on each file is the transmitter record, which contains information identifying the transmitter (person or organization handling the data accumulation and formatting). There will be only one Transmitter Record on each file. All data elements for this record are required.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '1A'.
3-37	Transmitter Name	35	REQUIRED. Enter the name of individual or organization that is transmitting the transactions on this file.
38-72	Transmitter Address	35	REQUIRED. Enter the street address of the transmitter.
73-99	Transmitter City	27	REQUIRED. Enter the city of the transmitter.
100-101	Transmitter State	2	REQUIRED. Enter the transmitter state code. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .
102-110	Transmitter ZIP Code	9	REQUIRED. Enter the transmitter ZIP Code. If 5 or 9 digits, entry cannot be all zeros or all nines. If 9 digits, the last 4 cannot be all zeros or all nines.
111-113	Transmitter Area Code	3	REQUIRED. Enter the transmitter area code.
114-120	Transmitter Telephone	7	REQUIRED. Enter the transmitter telephone number
121-155	Transmitter Contact	35	REQUIRED. Enter the name of an official contact for the transmitter.
156-164	Transmitter EIN	9	REQUIRED. Must be the valid 9-digit number assigned to the transmitter by IRS. Do not enter hyphens, slashes, alpha characters, or invalid entries such as all nines, all zeros, or "123456789".

Field Position	Field Name	Length	Description and Remarks
165-172	Coverage Beginning Date	8	REQUIRED. This will be the date of the earliest original transaction on the file. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
173-180	Coverage Ending Date	8	REQUIRED. This will be the date of the latest original transaction on the file. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
181-188	Transmitter Control Code (TCC)	8	REQUIRED. Enter your assigned 8-character TCC.
189-196	Signature Date	8	REQUIRED. This is the date of approval of the documents (transmittal signature date/file creation date). Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
197-210	Filler	14	Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.

Parent Financial Institution (2A) Record - Required

This record identifies information on the Parent Financial Institution (FI). The number of Parent FI records depends on the number of different Financial Institutions included on the file.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '2A'.
3	Federal Regulator or BSA Examiner	1	REQUIRED. Enter the federal regulator or BSA examiner, using the following codes: Code Description 1 Comptroller of the Currency (OCC) 2 Federal Deposit Insurance Corporation. (FDIC) 3 Federal Reserve System (FRS) 4 Office of Thrift Supervision (OTS) 5 National Credit Union Association. (NCUA) 6 Securities and Exchange Commission. (SEC) 7 Internal Revenue Service (IRS) 8 U.S. Postal Service (USPS) 9 Commodities Future Trading Commission (CFTC) 0 State Regulator
4-38	Institution Name	35	REQUIRED. Enter the parent financial institution headquarters full legal name.
39-73	Institution Address	35	REQUIRED. Enter the address of the parent financial institution headquarters. Do not abbreviate.
74-100	Institution City	27	REQUIRED. Enter the city of the parent financial institution headquarters.
101-102	Institution State	2	REQUIRED. Enter the 2 character state code. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .
103-111	Institution ZIP Code	9	REQUIRED. Enter the ZIP Code for the parent financial institution headquarters. If 5 or 9 digits, entry cannot be all zeros or all nines. If 9 digits, the last 4 cannot be all zeros or all nines.

Field Position	Field Name	Length	Description and Remarks
112-120	Institution EIN/SSN	9	REQUIRED. Enter the parent financial institution's EIN. If the financial institution does not have an EIN, enter the SSN of the institution's principal owner. Do not enter hyphens, slashes, alpha characters, or invalid entries such as all nines, all zeros, or "123456789".
121-129	Institution Routing (MICR) Number	9	REQUIRED. If a depository institution, enter the routing (Magnetic Ink Character Recognition (MICR)) number for the parent financial institution headquarters.
130-137	Transmitter Control Code (TCC)	8	REQUIRED. Enter your assigned 8-character TCC.
138-210	Filler	73	Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require, otherwise, space fill. Not included in acknowledgment file.

Financial Institution Branch (2B) Record - Required

This record identifies information on the FI branch where the transactions were completed. The number of FI branch records is dependent on the number of branches the FI is reporting on the electronic file. The 2B Record item numbers refer to the CTR Form Part III.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '2B'.
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch. Right justified and zero fill.
10	Federal Regulator or BSA Examiner Code (Item 37)	1	REQUIRED. Enter the federal regulator or BSA examiner, using the following codes: Code Description 1 Comptroller of the Currency (OCC) 2 Federal Deposit Insurance Corporation (FDIC) 3 Federal Reserve System (FRS) 4 Office of Thrift Supervision (OTS) 5 National Credit Union Association (NCUA) 6 Securities and Exchange Commission (SEC) 7 Internal Revenue Service (IRS) 8 U.S. Postal Service (USPS) 9 Commodities Future Trading Commission (CFTC) 0 State Regulator
11-45	Institution Name (Item 37)	35	REQUIRED. Enter the full legal name of branch where transaction took place.
46-80	Institution Address (Item 38)	35	REQUIRED. Enter address of the branch.
81-107	Institution City (Item 40)	27	REQUIRED. Enter name of city where the branch is located.

Field Position	Field Name	Length	Description and Remarks
108-109	Institution State (Item 41)	2	REQUIRED. Enter state code where the branch is located. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .
110-118	Institution ZIP Code (Item 42)	9	REQUIRED. Enter the ZIP Code for the branch. If 5 or 9 digits, entry cannot be all zeros or all nines. If 9 digits, the last 4 cannot be all zeros or all nines.
119-127	Institution EIN/SSN (Item 39)	9	REQUIRED. Enter the EIN or SSN for the branch. Do not enter hyphens, slashes, alpha characters, or invalid entries such as all nines, all zeros, or "123456789".
128-136	Institution Routing Number (Item 37)	9	REQUIRED. Enter the Routing number for the branch. 8-digit numbers are acceptable but should be left justified with a space in the ninth position.
137-156	Approving Official's Title (Item 44)	20	REQUIRED. Enter the title of the approving official. Left justify and space fill.
157-191	Approving Official's Name (Item 45)	35	REQUIRED. Enter the name of the approving official. Left justify and space fill.
192	Resolution Code	1	REQUIRED. Enter the code to show where correspondence relating to these transactions is to be sent. Code Description 1 Financial institution branch 2 Parent financial institution 3 Transmitter
193-210	Filler	18	Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.

Transaction Summary (3A) Record - Required

These records identify and describe the actual currency transaction. Indicators within this record identify the necessity for the following records.

- Account Number Records, if customer accounts are affected.
- Owner (Part I, Section A) Records (Person(s) on whose behalf transaction is conducted).
- Transactor (Part I, Section B) Records, if number of Transactors is greater than zero (Individual(s) conducting transaction, if other than Part I Section A).

There can be any number of this record type, one for each transaction. The 3A Record item numbers refer to the CTR Form Part II and Part III.

Field Position	Field Name	Length	Description and Remarks	
1-2	Record Type	2	REQUIRED. Enter '3A'.	
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch, right justify and zero fill.	
10-14	Transaction Sequence Number	5	REQUIRED. Enter a sequential number starting with 00001 and increment by 1 for each '3A' record on file.	
15-21	Type of Transaction Codes (Items 29-34)	7	REQUIRED. Enter the appropriate code(s) to identify the following type of transaction(s): Code Description 1 Foreign Currency 2 Wire Transfer(s) 3 Negotiable Instrument(s) Purchased 4 Negotiable Instrument(s) Cashed 5 Currency Exchange(s) 6 Deposits/Withdrawals Enter the Account number(s) in 3E record(s) 7 Other. Provide a description in positions 22-45, 'Other Transaction Description'.	
22-45	Other Transaction Description	24	Enter the description of the transaction when type of transaction is '7'- other.	

Field Position	Field Name	Length	Description and Remarks
46-47	Foreign Currency Country Code (Item 29)	2	If foreign currency is involved, enter the two character standard country code. If multiple foreign currencies are involved, identify the country for which the largest amount is exchanged. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .
48-57	Transaction Amount Cash-In (Item 26)	10	REQUIRED (If Item 27 Transaction Amount Cash out exceeds \$10,000). Total amount of cash-in currency involved in this transaction. If a transaction involves both checks and currency, such as a deposit transaction, enter only the currency amount. Enter only dollar amounts, no cents, always round cents up to next higher dollar. Do not truncate. Right justify and zero fills the entry. If no amount is involved, space fills this field.
58-67	Transaction Amount Cash- Out (Item 27)	10	REQUIRED (If Item 26 Transaction Amount Cash In exceeds \$10,000). Total amount of cash-out currency involved in this transaction. If a transaction involves both checks and currency, such as a deposit transaction, enter only the currency dollar amounts, no cents, always round cents up to next higher dollar. Do not truncate. Right justify and zero fills the entry. If no amount is involved, space fills this field.
68-75	Transaction Date (Item 28)	8	REQUIRED. Date of this transaction. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
76-78	Number of Customer Account Records	3	REQUIRED. Enter a value within the range 000 thru 999 which will identify the number of Customer Account (3E) Records associated with this transaction.
79-81	Number of Transactors (Part I, B)	3	REQUIRED. Enter a numeric value (000 thru 999) which represents the number of Transactor (4A) Records associated with this transaction.
82-84	Number of Owners (Part I, A)	3	REQUIRED. Enter a numeric value (001 thru 999) which represents the number of Owner (5A) Records associated with this transaction.

Field Position	Field Name	Length	Description and Remarks
85	Section B Reason Incomplete Armored Car (Part I)	1	Enter 'A' if this transaction is by an armored car service.
86	Section B Reason Incomplete Mail Deposit or Shipment (Part I)	1	Enter 'B' if this transaction is by mail deposit/shipment.
87	Section B Reason Incomplete Night Deposit or ATM Transaction (Part 1)	1	Enter 'C' if this transaction is a night deposit or ATM transaction.
88	Section B Reason Incomplete Multiple Transaction (Part 1)	1	Enter 'D' if this transaction is a multiple transaction. Example: If there are multiple transactions that are only reportable after aggregating.
89	Section B Reason Incomplete Conducted on Own Behalf (Part 1)	1	Enter 'E' if this transaction was conducted on own behalf.
90	Amendment Indicator	1	Enter 'A' if this transaction is an amendment to a previous transaction. A DCN must be entered in positions 173-186.
91	Multiple Persons	1	Enter 'B' if this transaction is being conducted by more than one person or on behalf of more than one person.
92	Multiple Transactions	1	Enter 'C' if there is knowledge that there are multiple transactions.
93-127	Preparer Name (Item 47)	35	REQUIRED. Enter the name of individual designated by the Financial Institution to prepare this report. Left

Field Position	Field Name	Length	Description and Remarks
			justify and space fill. Follow field editing instructions in attachments.
128-162	Contact Person (Item 48)	35	REQUIRED. Enter the name of an individual to contact concerning questions about this CTR.
163-165	Contact Person's Area Code (Item 49)	3	REQUIRED. Enter the area code of the contact person.
166-172	Contact Person's Telephone Number (Item 49)	7	REQUIRED. Enter the phone number of the contact person.
173-186	Document Control Number (DCN)	14	REQUIRED. This field contains all zeroes on initial submissions, but must contain the DCN (which is provided by the IRS on the acknowledgment record) for each correction or amendment record being submitted.
187-188	IRS Use	2	For use by Enterprise Computing Center - Martinsburg (ECC-M) only.
189	Backfile Indicator	1	Enter 'B' if this transaction is being backfiled. Back file: If you were directed by the Compliance Review Group to back file documents, not originally filed as required by BSA Regulations, please use this indicator. DO NOT use this indicator for any other reason. Questions on backfiling should be directed to the Compliance Review Group at 1-800-800-2877, and follow prompts.
190	Correspondence Indicator	1	Enter 'C' if this transaction is a correction or replacement and the information is unattainable. This code will replace forwarding a letter telling us the missing information is unavailable. The errors will not be resent.
191-200	Foreign Cash In (Item 26a)	10	Complete this Item only if foreign currency is involved. Enter the total amount of foreign cash received, if you are reporting a cash-in transaction over \$10,000 in Item 26. Do not convert to U.S. dollars and do not indicate the currency symbol. Round decimals to the next higher amount. Do not truncate. Right justify and zero

Field Position	Field Name	Length	Description and Remarks
			fills the entry. If no amount is involved, space fills this field.
201-210	Foreign Cash Out (Item 27a)	10	Complete this Item only if foreign currency is involved. Enter the total amount of foreign cash disbursed, if you are reporting a cash-in transaction over \$10,000 in Item 27. Do not convert to U.S. dollars and do not indicate the currency symbol. Round decimals to the next higher amount. Do not truncate. Right justify and zero fills the entry. If no amount is involved, space fills this field.
211-220	Filler	10	Space Filled.

Account Number (3E) Record

This record is required if any customer accounts are affected by this transaction. If a deposit or withdrawal is made from a savings, checking, share, or other account, enter the appropriate account number. There should be one entry for each account affected. A maximum of six (6) occurrences is allowed per record. Enter the count of the number of accounts for each record in the Number of Customer Accounts. The 3E Record item number 35 refers to the CTR Form Part II.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '3E'.
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch. Right justified and zero filled.
10-14	Transaction Sequence Number	5	REQUIRED. Enter the transaction sequence number from the associated Transaction Summary (3A) Record.
15	Number of Customer Accounts	1	REQUIRED. Enter the count of customer accounts reported on this record.
16-159	Customer Account Information (occurs 6 times) (Item 35)	24	REQUIRED. Enter the number of the customer account(s) affected by this transaction. Left justify and space fill. Up to 6 account numbers can be recorded in a 3E Record.
			Each occurrence will consist of 24 characters; left justify and space fill. If less than 6 occurrences, space fill.
160-210	Filler	49	Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.

Transactor (Part 1, Section B) (4A) Record

This record is required unless there is an entry of at least one of 'A' thru 'E' in the reason incomplete field positions 85 through 89 in the Transaction Summary (3A) Record. The number of transactors (Part 1, B) on the 3A record must match the count of the number of 4A records. If there is an entry of 'A' thru 'E' in the reason incomplete code in Part 1B, this record is optional, and either full or partial information is acceptable. This record must contain information relating to the person who conducted the transaction. Each person involved in a transaction that was conducted in person must be positively identified. The 4A Record item numbers refer to the CTR Form Part I, Section B.

Field Position	Field Name	Length	Description and Remarks	
1-2	Record Type	2	REQUIRED. Enter '4A'.	
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch.	
10-14	Transaction Sequence Number	5	REQUIRED. Enter the transaction sequence number from the associated Transaction Summary (3A) Record.	
15-49	Name (Items 15, 16, 17)	35	REQUIRED. Enter name of individual conducting the transaction, last name/first name/middle initial. Left justified and space filled. Follow the field editing instructions shown in the attachments.	
50-84	Address (Item 18)	35	REQUIRED. Enter the street address of the individual who conducted this transaction. Left justified and space filled.	
85-111	City (Item 20)	27	REQUIRED. Enter the city of individual who conducted this transaction. Left justified and space filled.	
112-113	State (Item 21)	2	REQUIRED. Enter the appropriate two digit state code. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .	
114-122	ZIP Code (Item 22)	9	REQUIRED. Enter ZIP Code of individual conducting transaction. If 5 or 9 digits, entry cannot be all zeros or all nines. If 9 digits, the last 4 cannot be all zeros or all nines.	

Field Position	Field Name	Length	Description and Remarks	
123-124	Country (Item 23)	2	REQUIRED. Enter country code. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .	
125-133	SSN (Item19)	9	REQUIRED. Enter the SSN of individual conducting transaction. Do not enter hyphens, slashes, alpha characters, or invalid entries such as all nines, all zeros, or "123456789".	
134	Method of Identification (Item 25)	1	REQUIRED. Enter the appropriate code for the method by which the individual's identity was verified. Code Description A Drivers' License/State ID B Passport C Alien Registration D Other Identification E Disabled/elderly who do not have the required ID G Government Issued L Law Enforcement M Amish Customer no ID Note: Codes 'E', 'G', 'L' and 'M' (customer with no ID), No entry required for positions 135-136, ID Issued by, and positions 137-158, ID Number.	
135-136	ID Issued by State/Country (Item 25e)	2	REQUIRED. Enter the appropriate code to designate country or state where identification was issued. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .	
137-158	ID Number (Item 25f)	22	REQUIRED. Enter the number from the identification. (If 'L' in Method of ID enter the badge number if available).	
159-166	Date of Birth (Item 24)	8	REQUIRED. Enter the date of birth of the individual conducting this transaction. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).	
167-210	Filler	44	Space Filled.	
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.	

Owner (Part I, Section A) (5A) Record - Required

This record is required to identify the individual(s) or organization(s) on whose behalf transaction(s) was conducted. If the transaction was completed for more than one individual or organization there should be a record for each individual/organization. The 5A Record item numbers refer to the CTR Form Part I, Section A.

Field Position	Field Name	Length	Description and Remarks	
1-2	Record Type	2	REQUIRED. Enter "5A".	
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch. Right justify and zero fill.	
10-14	Transaction Sequence Number	5	REQUIRED. Enter the transaction sequence number from the associated Transaction Summary (3A) Record.	
15	DBA Record Indicator	1	REQUIRED. Enter "1", if there is a DBA (5A) Continuation Record.	
16-50	Org. or Indiv. Name (Item 2)	35	REQUIRED. Enter the name of the person/organization on whose behalf the transaction is conducted. Individual names are in the format last name/first name/middle initial. Follow the field editing instructions shown in the attachments.	
51-85	Org. or Indiv. Address (Item 7)	35	REQUIRED. Enter the street address of the owner.	
86-112	Org. or Indiv. City (Item 9)	27	REQUIRED. Enter the city of the owner.	
113-114	Org. or Indiv. State (Item 10)	2	REQUIRED. Enter the state code. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .	
115-123	Org. or Indiv. ZIP Code (Item 11)	9	REQUIRED. Enter the ZIP Code. If 5 or 9 digits, entry cannot be all zeros or all nines. If 9 digits, the last 4 cannot be all zeros or all nines.	

Field Position	Field Name	Length	Description and Remarks
124-125	Org. or Indiv. Country (Item 12)	2	REQUIRED. Enter the 2 character code identifying the country. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .
126-134	EIN/SSN (Item 6)	9	REQUIRED. Enter the owner's EIN or SSN. Do not enter hyphens, slashes, alpha characters, or invalid entries such as all nines, all zeros, or "123456789".
135-169	Occ., Prof., Bus. (Item 13)	35	Enter the occupation, profession, or business of the individual for whom the transaction was conducted. (e.g., Attorney, Securities Broker, Auto Dealer).
170	Method of Identification (Item 14)	1	REQUIRED for all individuals conducting a reportable transaction for themselves. Enter the appropriate code for identification provided. Code Description A Drivers' License/State ID B Passport C Alien Registration D Other Identification E Disabled/elderly who do not have the required ID G Government Agency (no ID on CTR) L Law Enforcement M Amish Customer no ID Note: Codes 'E', 'G', 'L' and 'M' with no ID, No entry required for positions 171-172, ID Issued by, and positions 173-196, ID Number.
171-172	ID Issued by State/Country (Item 14e)	2	REQUIRED. Enter the appropriate code to designate the state/country where the identification was issued. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .
173-196	ID Number (Item 14f)	24	REQUIRED. Enter the number from the identification.
197-204	Date of Birth (Item 8)	8	REQUIRED, if individual. Enter the date of birth of the individual for whom the transaction was conducted. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).

Field Position	Field Name	Length	Description and Remarks	
205-210	Filler	6	Space Filled.	
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.	

Owner DBA Name (5A) Record

If the FI has knowledge of a separate Doing Business As (DBA) name, two 5A records will be filed for the owner instead of one 5A record. Enter a '1' in the DBA Record Indicator on the first 5A record. The two 5A records described above will be treated as one 5A record. Therefore the error code-numbering scheme for the acknowledgement record which reflects the occurrence number of the 5A records will treat these two 5A records as one occurrence. Similarly, any counts of the number of 5A records will not include the DBA records. The 5A Record item numbers refer to the CTR Form Part I, Section A.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '5A'.
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch.
10-14	Transaction Sequence Number	5	REQUIRED. Enter the transaction sequence number from the associated Transaction Summary 3A Record.
15	DBA Indicator	1	REQUIRED. Enter '9'.
16-50	DBA Name (Item 5)	35	REQUIRED. Enter if knowledge of a separate 'doing business as' name. Follow the field editing instructions shown in the attachments.
51-210	Filler	160	Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.

Financial Institution Branch Summary (9A) Record - Required

There should be one of these records on the file for each FI branch which is being reported. This record contains counts of the number of each type record associated with the branch.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '9A'.
3-9	Branch Code	7	REQUIRED. Enter the branch number for the submitting branch. Right justified and zero filled.
10-19	Transaction Count	10	REQUIRED. Enter the number of Transaction Summary (3A) records for the branch.
20-29	Account Number Record Count	10	REQUIRED. Enter the number of Account Number (3E) records for the branch.
30-39	Transactor Record Count	10	REQUIRED. Enter the number of transactor (4A) records for the branch.
40-49	Owner Record Count	10	REQUIRED. Enter the number of owner (5A) records for the branch.
50-61	CTR Total Amount Reported (Cash In)	12	REQUIRED. Enter the sum of the dollar amount of currency transactions (cash-in) for the branch.
62-73	CTR Total Amount Reported (Cash Out)	12	REQUIRED. Enter the sum of the total dollar amount of currency (cash-out) for the branch.
74-210	Filler 137		Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.

Parent Financial Institution Summary (9B) Record - Required

There should be one of these records for each FI reported. This record is to follow the last reported Financial Institution Branch Summary (9A) Record for the FI. This record contains counts of the number of each type record associated with the FIs.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '9B'.
3-9	Branch Record Count	7	REQUIRED. Enter count of branch (2B) records for the FI.
10-19	Transaction Count	10	REQUIRED. Enter count of Transaction Summary (3A) records for the FI.
20-29	Account Number Record Count	10	REQUIRED. Enter count of account number (3E) records for the FI.
30- 39	Transactor Record Count	10	REQUIRED. Enter count of transactor (4A) records for the FI.
40- 49	Owner Record Count	10	REQUIRED. Enter count of owner (5A) records for the FI.
50-61	Total CTR Amount Cash In	12	REQUIRED. Enter the sum of the dollar amounts of currency cash-in for the FI.
62-73	Total CTR Amount Cash Out	12	REQUIRED. Enter the sum of the dollar amounts of currency cash-out for the FI.
74-210	Filler	137	Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.

Designation of Exempt Person (Part I/II) (9E) Record

This record is required by any bank that wishes to designate a customer as an exempt person for purposes of CTR reporting. In addition, this record is also used to amend or revoke an existing exemption. The 9E record item numbers refer to the DOEP Form Part I and Part II.

Field Position	Field Name	Length	Description and Remarks	
1-2	Record Type	2	REQUIRED. Enter '9E.'	
3-7	Transaction Sequence Number	5	REQUIRED. Enter a sequential number, increment by 1 for each '9E' record on file.	
8	Type of Transaction (Item 1)	1	REQUIRED. Enter appropriate code as follows: Code Description A Initial Designation C Exemption Amended D Exemption Revoked (Note: for 'C' and 'D' a DCN must be present in positions 174-187).	
9	Document Indicator	1	REQUIRED. Enter '2' to indicate DOEP Form 110.	
10-44	Business or Sole Proprietor Name (Item 3)	35	REQUIRED. Enter the full legal name of the business being exempted, or the complete last name/first name of the sole proprietor being exempted.	
45-79	DBA Name (Item 4)	35	If known, enter the 'Doing Business As' (DBA) name.	
80-114	Exempt Person Street Address (Item 5)	35	REQUIRED. Enter the street address of exempt person.	
115-141	Exempt Person City (Item 6)	27	REQUIRED. Enter the city of exempt person.	

Field Position	Field Name	Length	Description and Remarks	
142-143	Exempt Person State (Item 7)	2	REQUIRED. Enter the state of exempt person. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf .	
144-152	Exempt Person ZIP Code (Item 8)	9	REQUIRED. Enter the ZIP Code of exempt person. If 5 or 9 digits, entry cannot be all zeros or all nines. If 9 digits, the last 4 cannot be all zeros or all nines.	
153-154	Exempt Person Country Code	2	Enter the country code of the exempt person. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf	
155-163	TIN of Exempt Person (Item 9)	9	REQUIRED. Enter the Taxpayer Identification Number (TIN) of the exempt person. Do not enter hyphens, slashes, or invalid entries such as all nines, all zeros, or '123456789'.	
164	Exemption Basis Indicator (Item10)	1	REQUIRED. Enter the appropriate code for the basis of the exemption. Code Description A Bank B Government Agency/Authority C Listed Company D Listed Company Subsidiary E Eligible Non-listed Business F Payroll Customer	
165-172	Effective Date of Exemption (Item 2)	8	REQUIRED. Enter the date the exemption is effective. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).	
173	Exemption Change Indicator (Item 11)	1	REQUIRED. If Eligible Non-listed Business or Payroll Customer only. Enter 'A' if there has been a change in control of the exempt person. If no change has occurred enter 'B'.	
174-187	Document Control Number (DCN)	14	REQUIRED. This field contains all zeroes on initial submissions, but must contain the DCN (which is provided by the IRS on the acknowledgment record) for each updated record.	

Field Position	Field Name	Length	Description and Remarks
188	Replacement Indicator	1	Enter 'R' if this transaction is a replacement or correction to a previous transaction. A DCN must be entered in positions 174-187.
189-210	Filler	22	Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require, otherwise, space fill. The Acknowledgement file WILL include this field.

Designation of Exempt Person (Part IV) (9F) Record

This record is required to identify the Bank contact and approval information. You must have a 9F for every 9E record. The 9F record item numbers refer to the DOEP Form Part IV.

Field Position.	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '9F'.
3-7	Transaction Sequence Number	5	REQUIRED. Enter the transaction sequence number form the associated '9E' record.
8-27	Approving Official Title (Item -23)	20	REQUIRED. Enter the title of the Approving Official for initial approval or biennial renewal.
28-62	Approving Official Name (Item 21)	35	REQUIRED. Enter the name of the Approving Official for initial approval or biennial renewal.
63-70	Date of Approval (Item -22)	8	REQUIRED. Enter the Date the Exemption was approved. Enter as a numeric 8-position field in format: century, year, month, day (CCYYMMDD).
71-105	Name of Contact Person	35	REQUIRED. The contact person must be the same as the approving official. Enter the name from 'Approving Official Name' in this field.
106-115	Contact Phone Number (Item -25)	10	REQUIRED. Enter the phone number of the contact person including area code.
116-210	Filler	95	Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.

Designation of Exempt Person (Part III) (9G) Record

This record is required to enter the affiliated bank information. You may have up to 99 occurrences of this record. Use of the word bank in this record includes banks and credit unions.

Field Position	Field Name Length		Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '9G.'
3-7	Transaction Sequence Number	5	REQUIRED. Enter the transaction sequence number form the associated '9E' record.
8	Additional Affiliated Banks	1	REQUIRED. 'Y' in this field acknowledges there are additional affiliated banks.
9-43	Affiliate Bank Name	35	REQUIRED. Enter the affiliate bank headquarters full legal name.
44-78	Affiliate Bank Address	35	REQUIRED. Enter the address of the affiliate bank headquarters. Do not abbreviate.
79-105	Affiliate Bank City	27	REQUIRED. Enter the city of the affiliate bank's headquarters.
106-107	Affiliate Bank State	2	REQUIRED. Enter the 2 character state code. Use the valid abbreviation from http://www.fincen.gov/forms/files/country_and_state_codes.pdf
108-116	Affiliate Bank ZIP Code	9	REQUIRED. Enter the ZIP Code for the affiliate bank headquarters. If 5 or 9 digits, entry cannot be all zeros or all nines. If 9 digits, the last 4 cannot be all zeros or all nines.
117-125	Affiliate Bank EIN/SSN	9	REQUIRED. Enter the affiliate bank's EIN. If the affiliate bank does not have an EIN, enter the SSN of the affiliate bank's principal owner. Do not enter hyphens, slashes, alpha characters, or invalid entries such as all nines, all zeros, or "123456789".

Field Position	Field Name	Length	Description and Remarks
126	Affiliate Bank Federal Regulator	1	REQUIRED. Enter the federal regulator using the following codes: Code Description A Comptroller of the Currency (OCC) B Federal Deposit Insurance Corp. (FDIC) C Federal Reserve System (FRS) D Office of Thrift Supervision (OTS) E National Credit Union Assoc. (NCUA) F Internal Revenue Service (IRS)
127-209	Filler	83	Space Filled.
210-220	User Field	11	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.

File Summary (9Z) Record - Required

There should only be one of these records on the file and it must be the very last record on the file. This record contains counts of the number of the various record types that are on the file.

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	REQUIRED. Enter '9Z'.
3-12	Parent Financial Institution Record Count	10	REQUIRED. Enter the count of Parent Financial Institution (2A) records.
13-22	Financial Institution Branch Record Count	10	REQUIRED. Enter the count of Financial Institution Branch (2B) records.
23-32	CTR Count	10	REQUIRED. Enter count of Transaction Summary (3A) Records.
33-42	Account Number Record Count	10	REQUIRED. Enter count of Account Number (3E) Records.
43-52	Transactor Record Count	10	REQUIRED. Enter count of Transactor (Part I, Section B) (4A) Records.
53-62	Owner Record Count	10	REQUIRED. Enter count of Owner (Part I, Section A) (5A) Records.
63-74	Total CTR Amount Cash In	12	REQUIRED. Enter the sum of the dollar amounts of currency cash-in for the FI.
75-86	Total CTR Amount Cash Out	12	REQUIRED. Enter the sum of the dollar amounts of currency cash-out for the FI.
87-98	Total Exempt Record Count	12	REQUIRED. Enter count of Designation of Exempt Person (Part I/II) (9E) Records.
99-110	Financial Institution Record Count	12	REQUIRED. Enter count of Designation of Exempt Person (Part III) (9G) Records.
111-210	Filler	100	Space Filled.
211-220	User Field	10	Use this field for any descriptive information you may require; otherwise, space fill. Not included in acknowledgment file.

Acknowledgment Record Formats

Acknowledgement Transmitter (1A) Record

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	Transmitter 1A Record
3-10	Coverage Beginning Date	8	From 1A Record Positions 165-172.
11-18	Coverage Ending Date	8	From 1A Record Positions 173-180.
19-26	Transmitter Control Code (TCC)	8	From 1A Record Positions 181-188.
27-56	Error Codes 1 thru 10	3 each	Assigned by ECC-M for Errors.
57	Filler	1	Space filled.

Acknowledgement Parent Financial Institution (2A) Record

Field Position	Field Name	Length	Description and Remarks	
1-2	Record Type	2	Institution Branch 2A Record	
3-10	Institution TCC	8	From 2A Record Positions 130-137.	
11-40	Error Codes	3 each	Assigned by ECC-M for Errors.	
41-57	Filler	17	Space filled	

Acknowledgement Financial Institution Branch (2B) Record

Field Position	Field Name	Length	Description and Remarks	
1-2	Record Type	2	Institution Branch 2B Record	
3-9	Branch Code	7	From 2B Record Positions 3-9.	
10-39	Error Codes	3 each	Assigned by ECC-M for Errors.	
40-57	Filler	18	Space filled	

Acknowledgement Transaction Summary (3R) Record

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	CTR 3R record
3-7	Transaction Sequence Number	5	From 3A record positions 10-14.
8-21	Document Control Number (DCN)	14	Assigned by ECC-M. A unique identifying number.
22-31	User Field	10	From 3A record positions 211-220
32-55	Error Codes	3 each	Assigned by ECC-M. Contains up to 8 error codes.
56	Return Correspondence Indicator	1	'C' in this field acknowledges receipt of a replacement record where the FI does not have the required missing information. The errors will not be flagged again. The 'C' will be returned when the correspondence indicator from the 3A record is coded.
57	Filler	1	Space Filled.

Acknowledgement Designation of Exempt Person (9R) Record

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	Designation of Exempt Person 9R Record
3-7	Transaction Sequence Number	5	From 9E record positions 3-7
8-21	Document Control Number (DCN)	14	Assigned by ECC-M. A unique identifying number.
22-31	User Field	10	From 9E record positions 211-220.
32-55	Error Codes	3 each	Assigned by ECC-M. Contains up to 8 error codes.
56-57	Filler	2	Space Filled.

Acknowledgement File Summary (9Z) Record

Field Position	Field Name	Length	Description and Remarks
1-2	Record Type	2	Trailer 9Z Record
3-12	Number of FIs in File	10	Generated by ECC-M.
13-22	Number of CTRs in File	10	Generated by ECC-M.
23-32	Number of Designation of Exempt Persons in File	10	Generated by ECC-M.
33-57	Filler	25	Space filled.

Attachment A – Definitions

Below are the definitions for terms specific to this document. General definitions are contained in the General Specifications document.

Term	Description
Aggregation	Aggregation occurs when all cash in (received) and all cash out (disbursed) in one business day must be added together SEPARATELY to determine if the total cash in or out exceeds the \$10,000 reporting requirement. When aggregating, cash in monies are never added to or subtracted from cash out monies to determine the reportable dollar amounts. For a more thorough definition and proper reporting please contact the Compliance Review Group at 1-800-800-2877, and follow prompts.
Bank	For DEP purposes, bank refers to a commercial bank or trust company, a private bank, a savings and loan association, a credit union, or any other financial institution defined as a bank in 31 CFR 103.11(c).
CTR	Currency Transaction Report (FinCEN Form 104).
DOEP	Designation of Exempt Person (FinCEN Form 110)
Negotiable Instrument	All checks and drafts (including Instruments business, personal, bank, cashier's and third-party), money orders, and promissory notes. For purposes on the CTR, all traveler's checks shall also be considered negotiable instruments whether or not they are in bearer form.
Owner	An individual or organization on whose behalf the transaction is conducted.
Organization	For CTR purposes, an organization is a person other than an individual.
Payee	Individual(s) or organization(s) to whom the check or wire transfer of funds is made payable.
Person	For CTR purposes, a person is an individual, corporation, partnership, trust or estate, joint stock company, association, syndicate, joint venture or other incorporated organization or group.
Transaction	For CTR purposes, the physical transfer of currency from one in Currency person to another. This does not include a transfer of funds by means of bank check, bank draft, wire transfer or other written order that does not involve the physical transfer of currency.
Transactor	An individual, other than the owner, who conducted the currency transaction.

Attachment B - Error Code List

Error Code	Error Description	Record	Field Position	Form Field Number		
All file orn	File Errors All file errors will result in rejection of batch files (does not include error code F24).					
All Tile err	<u>, </u>	(aoes not	inciuae error	Code F24).		
F01	Non-numeric record counts reported on 1A summary record.					
F02	Number or records reported does not match the computer count for the 2A record or 2A record is not the second record on the file.					
F03	Number of records reported does not match the computer count for the 2B record or 2B record is not the third record on the file.					
F04	Number of records reported does not match the computer count for the 3A record, or 3A is not the fourth record on the file or the 3A record has no corresponding 5A record.					
F08	Number of records reported does not match the computer count 3E records.					
F09	Number of records reported does not match computer count for 4A records.					
F10	Number of records reported does not match computer count for 5A records.					
F16	No Transmitter (1A) Record on file.					
F17	No Branch Summary (9A) Record on file or a 9A record is found with no prior 3A record.					
F18	No File Summary (9Z) Record on file.					
F19	Branch summary amounts do not equal total of transaction amounts.					
F20	File summary amounts do not equal total of transaction amounts.					

Error Code	Error Description	Record	Field Position	Form Field Number
F21	No FI Summary (9B) Record on file.			
F22	FI summary amounts do not equal total of transaction amounts.			
F23	Number of records reported does not match computer count for 9E records.			
F24	Number of forms reported on the batch form does not match the computed count of the forms found in the file.			
F34	An invalid record type was present on the submitted file.			
F37	A duplicate "Transaction Sequence"/"Transaction Sequence Number" was present on the submitted file.			
F88*	The Transmitter Control Code (TCC) specified in the file is not a valid production TCC code.			
F90*	The submitted batch is not a valid version.			
F91*	The submitted EBCDIC file is invalid.			
F92*	The submitted file is empty or the file type is invalid.			
F93*	An invalid line terminator was present on the submitted file			
F94*	Cannot continue processing the submitted file because of previous errors encountered.			
F95*	Too many errors were encountered while processing the submitted file to continue.			
F96*	One, or more, invalid characters were present in the submitted file.			
F97*	Invalid record sequencing was present on the submitted file.			

Error Code	Error Description	Record	Field Position	Form Field Number
F98*	An invalid record length was present on the submitted file.			
F99*	Unknown file error. Please contact the BSA E-Filing Help Desk for assistance.			
	Transmitter (1A) Rec	cord		
T01	Transmitter Name is blank.	1A	3-37	
T02	Transmitter Address is blank.	1A	38-72	
T03	Transmitter City is blank.	1A	73-99	
T04	Transmitter State is blank.	1A	100-101	
T05	Transmitter ZIP Code is blank.	1A	102-110	
T06	Transmitter Area Code and/or Telephone Number is blank.	1A	111-120	
T07	Transmitter Contact Name is blank.	1A	121-155	
T08	Transmitter EIN is blank or invalid.	1A	156-164	
T09	Coverage beginning date is blank or invalid.	1A	165-172	
T10	Coverage ending date is blank or invalid.	1A	173-180	
T11	Coverage ending date is more than 25 days from coverage beginning date. (Information only)	1A		
T12	Transmitter Control Code is blank or invalid.	1A	181-188	
	Financial Institution (2A &2	2B) Record	d	
001	FI Name is blank or contains leading spaces.	2A 2B	4-38 11-45	37
002	FI Address is blank.	2A 2B	39-73 46-80	38
003	FI City is blank, invalid, or contains abbreviation.	2A 2B	74-100 81-107	40

Error Code	Error Description	Record	Field Position	Form Field Number
004	FI State is blank.	2A 2B	101-102 108-109	41
005	FI Country is US, CA, or MX but state is not a standard abbreviation.	2A 2B	100-107	41
007	FI Zip Code is blank, not numeric, invalid, or contains trailing zeros.	2A 2B	103-111 110-118	42
800	FI Federal Regulator or BSA examiner code is blank or invalid.	2A 2B	3 10	37
010	Name of Approving Official is blank.	2B	157-191	45
011	Title of Approving Official is blank.	2B	137-156	44
012	FI EIN/SSN is missing, all zeros, all nines, invalid or non-numeric.	2A 2B	112-120 119-127	39
013	FI Routing Number is non-numeric, blank, or zeros.	2A 2B	121-129 128-136	37
014	FI Resolution Code is invalid or missing.	2B	192	
015	FI TCC is blank or invalid.	2A	130-137	
	Currency Transaction (3A) Record		
021	Type of transaction is blank or contains codes other than 1 thru 7.	3A	15-21	29-34
022	Cash in or cash out is missing or non-numeric.	3A	48-57 58-67	26 27
023	Amounts greater than 20 million will generate this error code as information. Please verify the cash in or cash out amount.	3A	48-57 58-67	26 27
024	Date of transaction is invalid. a. Date not numeric. b. Month not a valid code 01 -12. c. Day not a valid code 01-31 d. Date not less than current date.	3A	68-75	28

Error Code	Error Description	Record	Field Position	Form Field Number
025	Contact name is missing.	3A	128-162	48
026	Contact phone number is missing.	3A	163-172	49
028	Preparer Name is missing.	3A	93-127	47
029	Preparer Title is missing.	3A	128-162	48
030	Number of transactors is not numeric.	3A	79-81	Part I, B
031	Number of transactors is numeric and no Transactor Records are present.	3A	79-81	Part I, B
032	Number of transactors is numeric but the value does not equal the number of Transactor Records present.	3A	79-81	Part I, B
034	Number of owners is not numeric.	3A	82-84	Part I, A
035	Number of owners value does not equal the number of Owner Records present.	3A	82-84	Part I, A
036	Number of Customer Account Records is not numeric.	3A	76-78	
037	Number of customer accounts value does not equal the number of Customer Account Records present.	3A	76-78	
038	Invalid Document Control Number Returned. (CTR not updated)	3A	173-186	
039	Missing Account Number for Transaction types of Deposit or Withdrawal.	3E	16-159	35
040	Section B Reason Incomplete is all spaces but no Transactor (4A) Record is present.	3A	85-89	Part I

Error Code	Error Description	Record	Field Position	Form Field Number
076	The Cash In or Cash Out amount(s) is invalid. Only cash transactions that exceed \$10,000 should be reported.	3A	48-57 58-67	27
077	The Foreign Currency Country Code field was provided on the Currency Transaction Summary (3A) Record but the Foreign Cash In and the Foreign Cash Out fields are all spaces or are all zeros.	3A	46-47	29
078	The Foreign Currency Country Code field is all spaces on the Currency Transaction Summary (3A) Record when an amount was provided in the Foreign Cash Out field.	3A	201-210	27a
079	The Foreign Currency Country Code field is all spaces on the Currency Transaction Summary (3A) Record when an amount was provided in the Foreign Cash In field.	3A	191-200	26a
	Customer Account (3E)	Record		
083	Number of customer accounts not numeric.	3E	15	
084	Number of customer accounts does not match number of accounts listed.	3E	15	
occurrence, t	ultiple 3E records, other than the first he error code(s) generated will reflect the number in the high order digit of the (e.g., error 283 indicates the second 3E error 083).			
Transactor (4A) Record				
091	Transactor Name is invalid.	4A	15-49	15, 16, 17

Error Code	Error Description	Record	Field Position	Form Field Number
092	Transactor Number and street is blank.	4A	50-84	18
093	Transactor City is blank.	4A	85-111	20
094	Transactor State is blank.	4A	112-113	21
095	Transactor Country is US, CA or MX but state is not a standard abbreviation.	4A	112-113	21
096	Transactor Country is not a valid country abbreviation.	4A	123-124	23
097	Transactor ZIP Code is blank, zeros, or invalid and the Country is US.	4A	114-122	22
098	Transactor SSN is spaces, zeros or non-numeric.	4A	125-133	19
100	Transactor Method of identification is not a valid code.	4A	134	25
101	Transactor Method of identification issued by is not a valid code.	4A	135-136	25e
102	Transactor Address is missing.	4A	50-84	18
103	Transactor Date of birth is missing or invalid.	4A	159-166	24
104	Transactor SSN is not valid according to our files.	4A	125-133	19
105	Transactor SSN does not match our file a valid SSN for the name shown.	4A	125-133	19

Error Code	Error Description	Record	Field Position	Form Field Number
occurrence, t the occurrence error code(s) record has an Error Codes 19 The following corresponden "The following between the 19 SSN/EIN. We	04 and 105 are warning messages only. message is printed on our paper ce for Error Codes 104, 105, 128 & 129: g error reflects a possible mismatch name reported and the corresponding would greatly appreciate any u can provide to verify that the name			
	Owner (5A) Recor	d		
111	Owner Name is invalid. a. Blank. b. Not in proper format. c. Contains no slashes for individual.	5A	16-50	2
112	Owner Number and street is blank.	5 A	51-85	7
113	Owner City is blank, invalid, or contains abbreviation.	5A	86-112	9
114	Owner State is blank.	5 A	113-114	10
115	Owner Country is US, CA or MX but state is not a standard abbreviation.	5A	113-114	10
116	Owner Country is not a valid country abbreviation.	5A	124-125	12
117	Owner Zip Code is blank, not numeric, invalid, or contains trailing zeros.	5A	115-123	9
119	Owner Identifying number Record is invalid. Identifying number is zeros, all nines, invalid or non-numeric.	5A	126-134	6
122	Owner Address contains punctuation.	5A	51-85	7

Error Code	Error Description	Record	Field Position	Form Field Number
125	Owner Alien ID information is missing when EIN/SSN is blank.	5A	173-196	14f
126	Owner Date of birth is missing or invalid.	5A	197-204	8
128	Owner SSN/EIN is not valid according to our files.	5A	126-134	6
129	Owner SSN/EIN does not match our file as a valid SSN/EIN for the name shown.	5A	126-134	6
130	Owner 'DBA' name is missing.	5 A	16-50	5
131	Owner 'DBA' record is present without an associated owner '5A' record.	5A		
150*	The Method of Identification field on the Owner Summary '5A' record has a value of A, B, C, or D and the ID Issued By field and/or ID Number field is blank.	5A	171-196	
occurrence, to occurrence nu error code(s)	ultiple 5A records, other than the first he error code(s) will reflect the umber in the high order digit of the (e.g., error 211 indicates the second 5A error 111). Error code 128 and 129 are ages only.			
Designation of Exempt Person (9E,		9F and 90	G) Record	
901	Type of Transaction is blank or contains code other than A, C, D.	9E	8	1
902	Exemption Status contains codes other than A or B.	9E	173	11
903	Business or Sole Proprietor Name is blank or contains leading spaces.	9E	10-44	3

Error Code	Error Description	Record	Field Position	Form Field Number
904	Exempt Person address is blank.	9E	80-114	5
905	Exempt Person state is blank	9E	142-143	7
906	Exempt Person ZIP Code is blank, non-numeric, or invalid.	9E	144-152	8
907	Exempt Person TIN is missing, invalid or not numeric.	9E	155-163	9
908	Exemption Basis is blank or contains codes other than A,B,C,D,E, or F.	9E	164	10
909	Effective date of the exemption is blank or invalid. a. Date not numeric b. Month not 01-12. c. Day not a valid code 01-31.	9E	165-172	2
910	OBSOLETE	9E	173	11
911	9F record is missing. Must have a 9F record for every 9E record.	9F		
912	Approving official name blank.	9F	28-62	21
913	Date of Approval (signature) is blank or invalid. a. Date not numeric b. Month not 01-12. c. Day not a valid code 01-31 d. Date is not less than current date.	9F	63-70	23
914	Contact phone is blank or does not contain 10 numeric characters (3 digit area code and 7 digit number).	9F	106-115	24
917	Invalid Document Control Number Returned. (CTR not updated)	9E	174-187	
918	Contact Name is blank.	9F	71-105	

Error Code	Error Description	Record	Field Position	Form Field Number
928	Exempt Person TIN is not valid according to our files. Note: Error code 928 is a warning message only.	9E	155-163	9
929	Exempt Person TIN does not match our file as a valid SSN/TIN for the name shown. Note: Error code 929 is a warning message only.	9F	155-163	9
930	Affiliate bank name is blank or contains leading spaces.	9G	9-43	12
931	Affiliated bank's address is blank.	9G	44-78 79-105	13 14
932	Affiliated bank's state is blank.	9G	106-107	15
933	Affiliated bank's ZIP Code is blank, zeros, not numeric or invalid, and the Affiliated bank's country code is blank or invalid.	9G	108-116	16
934	Affiliated bank's TIN is missing, invalid or not numeric.	9G	117-125	17
935	Affiliated bank's Federal Regulator is blank or contains codes other than A, B, C, D, E or F.	9G	126	18
	BSA E-Filing Validation Err	or Codes		
E00*	This submission cannot be Accepted because it contains significant errors. Please fix and resubmit the file.			
E01*	This submission cannot be Accepted because it contains significant errors. Please fix the file and resubmit or resubmit the same file with the override option applied.			
E02*	This submission has been Accepted and will be processed by ECC-M, however it contains some errors which need to be corrected once this submission has been acknowledged.			

Error Code	Error Description	Record	Field Position	Form Field Number
E03*	This submission had the override option applied and has been Accepted to be processed by ECC-M. However it contains some errors that need to be corrected once this submission has been acknowledged.			
E04*	The override could not be applied because the submission that was specified to be overridden could not be found or is invalid.			
E05*	The override could not be applied because the submission that was specified to be overridden is already overridden.			
E06*	The override could not be applied because the submission that was specified to be overridden is not in the Rejected state.			
E07*	The override could not be applied because the submitted file data has changed, or new/different errors were returned. Please resubmit the unchanged file, fix the file, or resubmit the same file, with the override applied to this submission.			
E08*	The override could not be applied because the version of the submitted file is not valid for the override option.			
E09*	The override could not be applied because of errors returned.			

Attachment C - FAQs

Q1.	On aggregations, what branch do we use for the 2B record?
A1.	Use your main office in the 2B record for aggregations.
Q2.	If an error is identified in the Parent 2A or Branch 2B records, will the IRS still validate subsequent Parent and Branch records?
A2.	Yes, if there are other parent records we will continue validation. However, each branch within the erroneous parent group will contain the parent error. This entire group must be corrected and resubmitted.
Q3.	If we must begin each file with a Transaction Sequence Number starting with 00001 for each 3A record, how are we to match the acknowledgment records with the right submission and sequence?
A3.	In the Transmitter Record 1A, the coverage beginning or ending dates should be considered with the sequence numbers so that each submission is unique. This record will be returned to you on the acknowledgment file for this purpose. You can also use the User Field position at the end of the record to enter an Internal Record Number (IRN) to match up acknowledgement records.

Attachment D – Field Editing Instructions

- A. Delete any titles, prefixes, suffixes or other descriptive information such as Mr., Mrs., Dr., Reverend, Partner, or Trustee. Do not delete suffixes which distinguish family members such as Jr., Sr., III or IV. Suffixes should be edited to follow the middle initial (e.g., Doe/John/L Jr).
- B. Delete all punctuation (e.g., 'JR.' would be submitted as 'JR').
- C. Do not use the following words in fields:
 - a. COMPUTER GENERATED
 - b. N/A
 - c. NONE
 - d. OTHER
 - e. SAME
 - f. SAME AS ABOVE
 - g. SEE ABOVE
 - h. SIGNATURE CARD
 - i. T/A
 - i. UNKNOWN
 - k. VARIOUS
- D. Spanish surnames. Care must be taken in formatting Spanish surnames as the names are usually written in the order of first name, father's last name, and then mother's last name, e.g., Juan Vega Santiago. The father's last name, Vega would be used as the last name; however, both last names should be retained. Example: Vega/Santiago/Juan.
- E. Place a slash ('/') before each name (including suffixes) except the first surname (e.g., White/Elizabeth/A) but not between compound names such as 'Van Gogh'.
- F. If only the surname of an individual is present, then place a slash after it (e.g., <u>Jones/</u>).
- G. If a non-individual is listed, do not enter slashes between names.