

# FinCEN Geographic Targeting Order

First American Underwriting Standards: #NA-2016-016 & #NA-2016-017

An Independent Policy-issuing Agent of First American Title Insurance Company

The following presentation is for informational purposes only and is not and may not be construed as legal advice. No third party entity may rely upon anything contained herein when making legal and/or other determinations regarding its practices, and such third party should consult with an attorney prior to embarking upon any specific course of action. First American Title Insurance Company makes no express or implied warranty respecting the information presented and assumes no responsibility for errors or omissions. First American, the eagle logo, and First American Title are registered trademarks or trademarks of First American Financial Corporation and/or its affiliates. This presentation may not be distributed without written permission from First American.

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### Who is FinCEN & What Happened?

### Financial Crimes Enforcement Network (FinCEN)

- Agency of US Treasury
- Enforcement of Anti-Money Laundering Laws
- Bank Secrecy Act
  - Cash transactions

### Geographic Targeting Order issued July 22, 2016

- Effective August 28, 2016 until February 23, 2017
  - Can be extended
- Title Insurance Underwriters and Policy-Issuing Agents
  - Reporting of real estate transactions

August 28, 2016 - February 23, 2017

Required Reporting of "Covered Transaction" When:

- A Legal Entity
  - Corporation;
  - Limited Liability Company;
  - Partnership; or
  - Other similar business entity
- Purchases Residential Real Estate

### At or Over Dollar Thresholds

- \$500,000 or more in Bexar County, Texas
- \$2,000,000 or more in San Diego, Los Angeles, San Francisco, San Mateo or Santa Clara Counties, California;
- \$1,000,000 or more in Miami-Dade, Broward or Palm Beach Counties, Florida
- \$1,500,000 or more in the Boroughs of Brooklyn, Queens, Bronx or Staten Island, New York
- \$3,000,000 or more in the Borough of Manhattan, New York

## Without a bank loan or similar institutional lender involved, using (even in-part)

- Currency
- Cashier's Check
- Certified Check
- Traveler's Check
- Personal Check
- Business Check
- Money Order

- IRS/FinCEN Form 8300 Must be Filed, Identifying
  - Purchaser
  - Beneficial Owner of Purchaser
  - Individual Primarily Responsible for Representing Purchaser
  - Tax ID Numbers
  - Addresses
  - Occupations
  - Beneficial Owner(s) and Individual Primarily Responsible
    - Confirmed by passport/license

### **Defined Terms: The Parties**

- Purchaser
  - The legal entity purchasing the property
    - LLC/LLP
    - Corporation
    - Similar business entity
- Regardless of Place of Formation
- A Trust is Not a Covered Entity

### **Defined Terms: The Parties**

- Beneficial Owner
  - Individual (directly or indirectly) owns 25% or more of Purchaser or is member of LLC
- Individual Primarily Responsible for Representing the Purchaser
  - Individual authorized to enter contracts
  - Officer, partner, managing member

## **Defined Terms: Property**

- Residential Real Estate
  - Real property
  - Includes
    - Coop Unit
    - Condo Unit
    - Townhouse Unit
  - Designed For 1-4 Family Occupancy

## What is Financing?

- Order does not apply if
  - Purchaser has bank loan/similar financing
    - Even if loan/financing not secured
  - Loan/financing from financial institution with anti-money laundering (AML) policy
- Order does apply if
  - Private/seller financing
  - Lender does not have AML policy

### Non-Compliance Penalties

### **Criminal Penalties**

- Willful Violation
  - \$250,000 and 5 years
- Willful Violation Plus Additional Law Broken
  - \$500,000 and 10 years
- Structuring/Assisting
   Structuring to Avoid Reporting
  - Fine and 5 years

### **Civil Penalties**

- Willful Violation
  - \$25,000 \$100,000 per day
- Failure to File/Incorrect Filing
  - Up to amount of transaction
- Structuring/AssistingStructuring to Avoid Reporting
  - Up to amount of transaction
- Negligence/Pattern of Negligence
  - **\$500 \$50,000**

### First American's Response

Underwriting Standards: NA-2016-016 & NA-2016-017

Dated August 4, 2016

- All Policy-Issuing Agents involved in Covered Transactions
  - Issuing Title Insurance Policies
  - Must comply with the Order in accordance with Standard

### The Standard

## Every Commitment For Title Insurance Issuance or Preliminary Report

- Residential property
- Located in designated County/Borough
- Purchase price is
  - Unknown
  - Meets GTO threshold

### Must contain

- Commitment Schedule B, Part 1 Requirement
- Report Exception

## Title Insurance Requirement

"This transaction may be subject to the FinCEN Geographic Targeting Order affecting residential sale transactions. This issuing agent must be provided with information prior to closing sufficient to determine if IRS/FinCEN Form 8300 must be completed and filed, and must be provided information sufficient to meet the records retention requirements of the FinCEN Geographic Targeting Order. This transaction will not be insured, and this issuing agent and/or its underwriter will not be involved in a Covered Transaction (as defined by the FinCEN Geographic Targeting Order) until this information is submitted and reviewed by the issuing agent."

### Standard: Exhibit B Worksheet

First An	nerican	Covere		graphic Targeting Order Determination Worksheet -	Agent
Transaction information					
Name of Title Issuing Age	nt		Person com	pleting worksheet	
				-	
Phone:	Cell Phone:	Fax:		E-Mall	
Title Issuing Agent ejacke	or Jacket #:	First America	an Policy #		Date of Closing:
Property Address		City			State Zip
No.				des leteration	
Name of outside settlemen	nt agent or attorney (Ifany)		Person provi	iding Information	
Order Number:	Phone:	Fax		E-Mail:	
Order Number.	Profe.	Fax.		E-Mail.	
	cuments and other relevant				
	stermination (A transaction given to any of questions 1-				
	In one of the following Cou				unt shown? 🔲 Yes 🔲 No
CA - Los Angeles - \$2				- Bronx - \$1.5 million - Brooklyn - \$1.5 million	
CA - San Francisco -				- Manhattan - \$3 million	
CA - San Mateo - \$2 r				- Queens - \$1.5 million	
CA – Santa Clara - \$2	million  TX – Bexar	- \$500,000	□ NY	- Staten Island - \$1.5 milli	on
2. Is the subject property	/ residential?1		☐ Yes	□ No	
	rporation, limited liability cor ates or a foreign jurisdiction?		ship orsimila Yes	r business entity, whether f	formed under the laws of a
4. Is the purchase made	without a loan from an inst	itutional lender	? 🔲 Yes	□ No	
5 Was any of the purch:	ase grice including the earn	est money de	nosit haid thro	such the use of the followin	10.7
a. Currency (bills or			, para 111	and the open of the following	9.
<ul> <li>b. Cashler's check;</li> </ul>	☐ Yes ☐ No		Note: Par	ments from the purchaser	to a party representing the
<ul> <li>c. Certified check;</li> </ul>	☐ Yes ☐ No				or real estate agent) or
<ol> <li>Traveler's check;</li> </ol>			directly to	the seller using one of th	he listed forms of payment
e. Money order in a			require a "Y	'es" answer.	
f. Business Check;					
<ul> <li>g. Personal Check</li> </ul>	Yes No				

Check the Item below that applies and send any required documents to First American: (1) by secure e-mail to Fincen.8300(<u>Ptfrstam.com</u> (2) by U.S.P.S. to First American, P.O. Box 27751, Santa Ana, CA 92799; or (3) by FAX to 877-255-1972.

- (a) A copy of Form 8300 with Parts I, II, III and IV completed; and
- (b) A copy of the Bank Secrecy Act E-Filling System acknowledgment for the filing.

□ No Form 8300 Submission Required - If questions 1 to 5 above DO NOT ALL contain at least one "Yes" apayer, then Form 8300 need not be submitted to FinCEN. It is recommended that a copy of this worksheet be retained in your file.

## **Covered Transaction Determination Worksheet**

- Job Aid to analyze transaction-Covered or Not
- If any questions in section 1-4 contains a NO answer, no need to complete remaining sections;
- If each section 1-5 contains at least one YES answer, IRS/FinCEN Form 8300 must be filed

<sup>&</sup>lt;sup>1</sup> Residential property is defined as real property (including individual units of condominiums and cooperatives) designed principally for the occupancy of from one to four families.

## **Worksheet: Completion**

5.	was any	of the purchase price	, including	the earnest money de	posit, paid through the use of the following?
	a. Curr	ency (bills or coins);	Yes	☐ No	
	b. Cas	hier's check;	Yes	No	Note: Payments from the purchaser to a party representing the
	c. Cert	ified check;	Yes	No	seller or purchaser (i.e. an attorney or real estate agent) or
	d. Trav	eler's check;	Yes	□ No	directly to the seller using one of the listed forms of payment
	e. Mon	ey order in any form;	Yes	No	require a "Yes" answer.
	f. Busi	ness Check; or	Yes	□ No	•
	g. Pers	onal Check	Yes	No	

- Complete Section 5
  - If not conducting the settlement, another person with knowledge of the transaction will need to furnish this information

## **Types of Funds**

- No De Minimus Exception
- Funds Not Included
  - Wire transfers
    - Source of Funds Triggers Reporting
       (i.e. Wire of funds originally deposited by money order is included)

### Standard: Exhibit D

- Policy-issuing agent must collect information and documents to meet requirements of GTO
  - Determination of applicability
  - Complete IRS/FinCEN Form 8300
- Job Aid/Worksheet to assist in transactions with third-party settlement agent/attorney

### Standard: Exhibit D



#### Exhibit D

### FinCEN Geographic Targeting Order Information Transmittal Worksheet

(Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued ID that will be submitted.)

SETTLEMENT AGENT INFORMATION (i.e. Law Firm, Escrow Company, etc.)

Settlement Agent Entity Name	Settlement Agent Individual's Name		
Address	City	State	Zip
Phone Number	E-Mail Address		
I declare that to the best of my knowledge the information I have furnished is true, correct,	and complete.		
Signature	Date		

#### REPORTING IS NOT REQUIRED UNDER THE FINCEN GEOGRAPHIC TARGETING ORDER - REASON

Reporting is not required because: None of the funds in the transaction were furnished by currency, cashier's check(s), certified check(s), traveler's check(s), personal check(s), business check(s) or money order(s)

- Note why reporting is not required
- Signed by person with knowledge of transaction

## **Exhibit D: Worksheet**

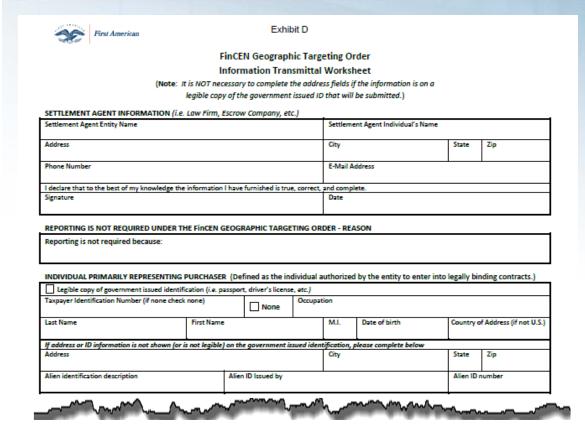
FINCEN Geographic Targeting Order Information Transmittal Worksheet  (Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued in that will be submitted.)  SETTLEMENT AGENT INFORMATION (i.e. Law Firm, Escrow Company, etc.)  Settlement Agent Endity Name  Address  City State Zip  Phone Number  E-Mail Address  I declare that to the best of my knowledge the information I have furnished is true, correct, and complete.  Signature  Date  REPORTING IS NOT REQUIRED UNDER THE FINCEN GEOGRAPHIC TARGETING ORDER - REASON  Reporting is not required because:  INDIVIDUAL PRIMABILY REPRESENTING PURCHASER (Defined as the individual authorized by the entity to enter into legally binding contracts.)  Last Name  First Name  First Name  First Name  First Name  First Name  Address  City  State  Zip  Alien ID Issued by  Alien ID Issued by  Alien ID number  Date Of CLOSING - AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS - PURCHASE PRICE  Date of Closing  Total Amt. Paid by below instruments  S amount of Monetary Instrument  Total Purchase Price  S amount of Monetary Instrument  First J Solder equivalent)	First American			Ext	nibit D						
Information Transmittal Worksheet  (Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued It that will be submitted.)  SETTLEMENT AGENT INFORMATION (i.e. Law Firm, Escrow Company, etc.)  Settlement Agent Entity Name    Settlement Agent Individual's Name			FinCE	N Geogran	ohic Tare	eting Or	der				
(Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued ID that will be submitted.)  SETILEMENT AGENT INFORMATION (i.e. Law Firm, Escrow Company, etc.)  Settlement Agent Individual's Name  Address  City State Zip  Phone Number  E-Mail Address    Getiare that to the best of my knowledge the information I have furnished is true, correct, and complete.  Signature  Date  REPORTING IS NOT REQUIRED UNDER THE FinCEN GEOGRAPHIC TARGETING ORDER - REASON  Reporting is not required because:  INDIVIDUAL PRIMARILY REPRESENTING PURCHASER (Defined as the individual authorized by the entity to enter into legally binding contracts.)  Legable copy of government issued identification (i.e. passport, driver's license, etc.)  Taxpayer Identification Number (if none check none)  None    Occupation     None   Occupation     Date of birth   Country of Address (if not U.5     Alien identification description   Alien ID Issued by     Alien ID Insued by   Alien ID number     Name of purchasing entity     Daing business as (DBA) name   Country of Address (if not U.5     Address   City   State Zip     DATE OF CLOSING - AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS - PURCHASE PRICE     Date of Closing   Total Annt. Paid by below instruments     Paid in more than 1 payment   Total Purchase Price     No   Ves   No     No   Ves   No   Ves   No     No   Ves   No   Ves   No     Occupation   Total Purchase Price     No   Ves   No   Ves   No     Occupation   Total Purchase Price     No   Ves   No   Ves   No     Occupation   Total Purchase Price     No   Ves   No   Ves   No   Ves   No     Occupation   Total Purchase Price     No   Ves   No   Ves   No   Ves   No     Occupation   Total Purchase Price     Occupation   Ves   No   Ves   Ves   No   Ves   Ves   Ves   Ves   Ves   Ves   Ves   Ves   Ves					_	_					
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Settlement Agent InfoRMATION (i.e. Law Firm, Escrow Company, etc.)  Settlement Agent Individual's Name  Address  City  State  Zip  Phone Number  E-Mail Address  I declare that to the best of my knowledge the information I have furnished is true, correct, and complete.  Signature  Date  REPORTING IS NOT REQUIRED UNDER THE FINCEN GEOGRAPHIC TARGETING ORDER - REASON  Reporting is not required because:  INDIVIDUAL PRIMARILY REPRESENTING PURCHASER (Defined as the individual authorized by the entity to enter into legally binding contracts.)  Legible copy of government issued identification (i.e. passport, driver's license, etc.)  Taxpayer Identification Number (if none check none)   None   Occupation    Last Name   First Name   First Name   Mil.   Date of birth   Country of Address (if not U.S.)  If address or ID information is not shown for is not legible) on the government issued identification, please complete below  Address  Alien ID Insued by   Alien ID number  PURCHASING ENTITY'S NAME & ADDRESS  Taxpayer Identification Number (if none check none)   None   Type of Legal Entity   Country of Address (if not U.S.)  PURCHASING ENTITY'S NAME & ADDRESS  Taxpayer Identification Number (if none check none)   None   Type of Legal Entity   Country of Address (if not U.S.)  Deing business as (DBA) name   Country of Address (if not U.S.)  Address   City   State   Zip    DATE OF CLOSING – AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS – PURCHASE PRICE    Date of Closing   Total Amn. Paid by below instruments   Paid in more than 1 payment   Total Purchase Price   Section   Section											
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Taxpayer Identification Number (if none check none)    None   Type of Legal Entity   Legal Entit	Allen identification description		Alle	n ID Issued by					Allen ID	number	
Taxpayer Identification Number (if none check none)    None   Type of Legal Entity   Legal Entit									-		
None   Ltd. Liability Co.,   Corporation,   Partnership,   Other  Name of purchasing entity  Doing business as (DBA) name   Country of Address (if not U.S.  Address   City   State   Zip    DATE OF CLOSING – AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS – PURCHASE PRICE  Date of Closing   Total Amt. Paid by below instruments   Paid in more than 1 payment   S    S   No   S   S    Total Purchase Price   S   No   S   S    Total Purchase Price   S   S   S    Total Pu	<b>PURCHASING ENTITY'S NAME 8</b>	& ADDRESS									
Name of purchasing entity    Doing business as (DBA) name   Country of Address (if not U.S. Address   City   State   Zip	Taxpayer Identification Number (if r	one check none	e)	П.							
Doing business as (DBA) name  Country of Address (if not U.S.  Address  City  State  Zip  DATE OF CLOSING - AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS - PURCHASE PRICE  Date of Closing  Total Amt. Paid by below instruments  S  Total Office of Closing  Total Office				□ None	Ltd	Liability (	ю., 🗌 с	orporation,	Partner	ship, 🗌	Other
Address City State Zip  DATE OF CLOSING - AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS - PURCHASE PRICE Date of Closing Total Amt. Paid by below instruments Plain innore than 1 payment Total Purchase Price S No	Name of purchasing entity										
Address City State Zip  DATE OF CLOSING - AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS - PURCHASE PRICE Date of Closing Total Amt. Paid by below instruments Plain innore than 1 payment Total Purchase Price S No									1-		
DATE OF CLOSING – AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS – PURCHASE PRICE Date of Closing Total Amt. Paid by below instruments S Total Operation of Closing S Total Operation of Cl	Doing business as (DBA) name								Country	of Address (i	f not U.S.)
DATE OF CLOSING – AMOUNTS PAID WITH IDENTIFIED MONETARY INSTRUMENTS – PURCHASE PRICE Date of Closing Total Amt. Paid by below instruments S Total Operation of Closing S Total Operation of Cl	Address					Ch.			Canal .	7:-	
Date of Closing	Address					City			State	Zip.	
Date of Closing									-		
\$   Yes   No	DATE OF CLOSING - AMOUNTS	PAID WITH ID	DENTIFIED M	ONETARY IN	ISTRUMEN	rs – PURC	HASE PRIC	E			
	Date of Closing	Total Amt. Paid	by below inst	ruments			yment		e Price		
Amount of Monetary Instrument (in U.S. dollar equivalent)					Yes	No		\$			
		n U.S. dollar eq									
U.S. currency \$ Amt. in \$100 bills or higher \$			_		is or higher	>					
Foreign currency \$ Country:	Foreign currency \$		Cou	untry:							
Issuer's name(s) Serial number(s) <sup>1</sup>			Issu	uer's name(s)			Seri	al number(s) <sup>1</sup>			
Cashier's check(s) \$	Cashier's check(s) \$										
Money order(s) S	Money order(s) \$										
Certified check(s) \$	Certified check(s) \$										
Traveler's check(s) \$											
Business check(s) \$											
Personal check(s) \$							- 1				

Page 1 of 4

If address or ID information is not shown for is m Address Alien identification description  Legible copy of government issued ident Taxpayer Identification Number (if none check no	ilar Business En de below.  Met Stein Stei	e listed below.  If the informat  passport, drive  None  None	tion is on a	F LIMITEI who, dire a legible o	copy of the government	s 25% or more t issued ID sub	of Address (if not U.1
NAMES OF "BENEFICIAL OWNERS" (AS DEFI 1. For Corporations, Partnerships or Similis interests of the Purchaser must be liste 2. For Limited Liability Companies all men (Note: It is NOT necessary to complete the cunderwriter.)  Legible copy of government issued ident Taxpayer Identification Number (if none check no Last Name   F    If address or ID information is not shown for is m Address  Alien identification description  Legible copy of government issued ident Taxpayer Identification Number (if none check no Last Name   F	ilar Business En de below.  Met Stein Stei	e listed below.  If the informat  passport, drive  None  None	tion is on a	F LIMITEI who, dire a legible of	D LIABILITY COMPANIE ectly or indirectly, owns copy of the government	s 25% or more t issued ID sub	of Address (if not U.1
1. For Corporations, Partnerships or Similimiterests of the Purchaser must be liste 2. For Limited Liability Companies all men (Note: It is NOT necessary to complete the cunderwriter.)    Legible copy of government issued ident Taxpayer Identification Number (if none check no Last Name   f   f   f   f   f   f   f   f   f	ilar Business En de below.  Met Stein Stei	e listed below.  If the informat  passport, drive  None  None	tion is on a	who, direction  M.I.  tification,	copy of the government	s 25% or more t issued ID sub	of Address (if not U.1
Taxpayer Identification Number (if none check no Last Name   f If address or ID information is not shown for is in Address  Alien identification description  Legible copy of government issued ident Taxpayer Identification Number (if none check no	one)  First Name  not legible) on th  Alier	None None	Occupati	M.I.		State	Zip
Last Name  If address or ID information is not shown for is an Address  Alien identification description  Legible copy of government issued ident Taxpayer Identification Number (if none check no Last Name  f	First Name  not legible   on th  Alien  stification (i.e. p.	n ID Issued by		M.I.		State	Zip
If address or ID information is not shown for is m Address Alien identification description  Legible copy of government issued ident Taxpayer Identification Number (if none check no	Alier	n ID issued by	issued ident	tification,		State	Zip
Address  Alien identification description  Legible copy of government issued ident Taxpayer Identification Number (if none check no	Alier	n ID issued by	issued ident		, please complete below	NAC-107-001	7 No. 100
Legible copy of government issued ident Taxpayer Identification Number (if none check no	itification (i.e. p					Alien ID	100
Taxpayer Identification Number (if none check no							number
Last Name F	one)	passport, drive	er's license	e, etc.)			
		None	Occupati	ion			
	First Name			M.L.	Date of birth	Country	of Address (if not U.
If address or ID information is not shown (or is n Address	not legible) on th	ie qovernme <mark>n</mark> t i	ssued ident	City	please complete below	State	Zip
Alien identification description	Alier	n ID Issued by				Alien ID	number
Legible copy of government issued ident	tification (i.e. r	nassnort drive	ar's licansa	etr l			
Taxpayer Identification Number (if none check no		None	Occupati			101	22
Last Name F	First Name		1	M.L.	Date of birth	Country	of Address (if not U
If address or ID information is not shown (or is n	not legible) on th	he government i	issued ident	tification,	please complete below		,10-67

<sup>&</sup>lt;sup>1</sup> For Business Checks or Personal Checks enter the account number and check number.

### Exhibit D: Worksheet Page 1



- Box 1: Settlement agent information
- Box 2:Individualrepresentingpurchaser

## Exhibit D: Worksheet Page 1

- Box 3: Purchasing entity information
- Box 4:
   Date of closing and amounts paid by type of monetary instrument

Taxpayer Identification Number (if none check non	e)		Type of	Legal Entity				
		None		Liability Co.,	Co	rporation,	Partner	ship, Other
Name of purchasing entity		•	•					
Doing business as (DBA) name							Country	of Address (if not U.S.)
Address				City			State	Zip
Date of Closing Total Amt. Paid \$ Amount of Monetary Instrument (in U.S. dollar ed	uivalent)		Yes		:	Total Purchas \$	e Price	
U.S. currency \$	Amt	t. in \$100 bil	s or higher	\$				
Foreign currency \$	Cou	intry:						
	Issu	er's name(s)			Seria	l number(s) <sup>1</sup>		
Cashier's check(s) \$								
Money order(s) \$								
Certified check(s) \$								
Traveler's check(s) \$								
Business check(s) \$								
					1			

<sup>1</sup> For Business Checks or Personal Checks enter the account number and check number.

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### Exhibit D: Worksheet Page 2

PROPERTY ADDRESS					
Address	City	State 2			
County	Block & Lot Number (N)	Block & Lot Number (NY only)			

#### NAMES OF "BENEFICIAL OWNERS" (AS DEFINED) & NAMES OF ALL MEMBERS OF LIMITED LIABILITY COMPANIES

- For Corporations, Partnerships or Similar Business Entities each INDIVIDUAL who, directly or indirectly, owns 25% or more of the equity interests of the Purchaser must be listed below.
- 2. For Limited Liability Companies all members must be listed below.

(Note: It is NOT necessary to complete the address fields if the information is on a legible copy of the government issued ID submitted to the title underwriter.)

Taxpayer Identification Numb	per (if none check none)	None	Occupation				
Last Name	First Name	ES.	M.I.	Date of birth	Country of Address (if not U.S.)		
If address or ID information i	is not shown (or is not legible	on the government	issued identification	, please complete below	la constant		
Address			City		State	Zip	
Alien identification description Alien ID Issued			9		Alien ID number		

- Box 1:Property address
- Box 2:
  - If LLC, all members must be listed
  - If not LLC, all individuals owning 25% or more of the entity