



FBAR Monitoring Document (FMD)

Entity Information

Casename (Filer) Entity Information

Filing for Calendar Year _____ Project Code _____
Filer Name (include DBA if applicable) _____
Street Address and Apartment or Suite Number _____
City _____ State _____ Zip/Postal Code _____ Country _____
Taxpayer Identification Number (SSN or EIN) _____

Owner of Account if Different from above

Name (include DBA if applicable) _____
Street Address and Apartment or Suite Number _____
City _____ State _____ Zip/Postal Code _____ Country _____
Taxpayer Identification Number (SSN or EIN) _____

Power of Attorney Identity Information

Name or Organization Name _____
Street Address and Apartment or Suite Number _____
City _____ State _____ Zip/Postal Code _____

Contact

Telephone Contact Name _____ Number _____

Examination Information

Division _____ Compliance Area _____ Territory _____, Group _____
Manager _____ (last name, first name, middle initial)
Examiner _____ (last name, first name, middle initial)
Examiner Email Address _____ Examiner Fax Number _____
Date of Related Statute Determination _____ (DCC completes)
Date Started _____
Date Closed from Group _____ (Manager Completes) _____
Time on Case _____ (Agent completes)

Disposition

Case Closed With No Action
Case Closed With Warning Letter
Case Closed With Penalty Agreed
Case Closed With Penalty to Appeals
Case Closed With Penalty Unagreed No Appeal Requested
Date Referred to Criminal Investigation (if applicable) _____
Date of CI Determination _____
CI Accepted Declined