

Client Name: _____

2016 Foreign Bank and Financial Accounts

FILER INFORMATION	
U.S. Taxpayer identification number	
Date of Birth (MM/DD/YYYY)	
Last Name	
First Name	
Middle initial	
Street Address	
City, State, Zip	
INFORMATION ON FINANCIAL ACCOUNT(S)	
Is account jointly held? Circle Yes or No	Yes No
If yes, number of owners for this account	
Maximum value of account during calendar year reported	
Type of Account: (check one)	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Securities	
<input type="checkbox"/> Other: Enter type	
Name of Financial Institution in which account is held	
Account number or other designation	
Mailing Address	
City	
State	
Zip/Postal Code	
Country	