

DEPARTMENT OF THE TREASURY**Submission for OMB Review;
Comment Request**

July 18, 2002.

The Department of Treasury has submitted the following public information collection requirement(s) to OMB for review and clearance under the Paperwork Reduction Act of 1995, Public Law 104-13. Copies of the submission(s) may be obtained by calling the Treasury Bureau Clearance Officer listed. Comments regarding this information collection should be addressed to the OMB reviewer listed and to the Treasury Department Clearance Officer, Department of the Treasury, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

DATES: Written comments should be received on or before August 26, 2002 to be assured of consideration.

Special Instructions: The draft Suspicious Activity Report Money Services Businesses (SAR-MSB) form published in this **Federal Register** notice is for informational purposes only. Do not use the draft form to report suspicious activity. It is anticipated that the form will be final and available for use on October 1, 2002. Until that time, Money Services Businesses are to continue to use the Bank SAR form,

Form TD F 90-22.47. See, 66 FR 67086 (December 28, 2001) for further information about using the Bank SAR form until the final SAR-MSB form is available.

Money Services Businesses reporting possible terrorist financing suspicious activity must file a SAR as indicated above, but should also contact FinCEN's Financial Institutions Hotline ((866) 556-3974) to report the activity.

Contact FINCEN's Regulatory HelpLine at (800) 949-2732, if you have a question about the draft form.

Visit FinCEN's Internet site at www.treas/fincen.gov for a downloadable version of the draft SAR-MSB. Call FinCEN's Regulatory HelpLine ((800) 949-2732) after September 15, 2002, for individual copies of the form. Visit FinCEN's Internet site after September 15, 2002, for information about obtaining bulk copies of the form. Magnetic media filing specifications for filing the MSB SAR magnetically should be available on FinCEN's Internet site by December 31, 2002.

Financial Crimes Enforcement Network (FinCEN)

OMB Number: 1506-0015.

Form Number: TD F 90-22.56.

Type of Review: Revision.

Title: Reports by Money Services Businesses of Suspicious Transactions.

Description: Treasury is requiring certain money services businesses—money transmitters and money order and traveler's checks issuers, sellers, and redeemers—to report suspicious transactions.

Respondents: Business or other for-profit.

Estimated Number of Respondents/Recordkeepers: 30,000.

Estimated Burden Hours Per Respondent/Recordkeeper: 40 minutes.

*Estimated recordkeeping/filing per response—*5 minutes

*Estimated record (SAR) completion time—*35 minutes

Frequency of Response: On occasion.

Estimated Total Reporting/Recordkeeping Burden: 20,000 hours.


Clearance Officer: Lois K. Holland, (202) 622-1563, Departmental Offices, Room 2110, 1425 New York Avenue, NW., Washington, DC 20220.

OMB Reviewer: Joseph F. Lackey, Jr., (202) 395-7316, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

Lois K. Holland,

Departmental Reports, Management Officer.

BILLING CODE 4810-02-P

TD F 90-22.56 Treasury Form July 2002	Suspicious Activity Report by Money Services Business	 OMB No. 1506-0015
Please type or print. Always complete entire report (see instructions).		
1 Check the box if this report corrects a prior report. (See instructions, page 7) <input type="checkbox"/>		
2 Type of filer (check <u>all</u> financial services/products offered)		
a <input type="checkbox"/> Issuer of money order(s) b <input type="checkbox"/> Redeemer of money order(s) c <input type="checkbox"/> Seller of money order(s) d <input type="checkbox"/> Issuer of traveler's check(s) e <input type="checkbox"/> Redeemer of traveler's check(s) f <input type="checkbox"/> Seller of traveler's check(s) g <input type="checkbox"/> Money transmitter h <input type="checkbox"/> U.S. Postal Service (see instructions) i <input type="checkbox"/> Other _____		
Part I Subject Information		3 <input type="checkbox"/> Multiple subjects (See instructions, page 7)
4 Subject type (check only one box) a <input type="checkbox"/> Purchaser/Sender b <input type="checkbox"/> Payee/Receiver c <input type="checkbox"/> Both ("a" & "b") d <input type="checkbox"/> Other		
5* Individual's last name or Entity's full name		6* First name
7* Middle initial		
8* Address		
9* City	10* State	11* Zip code
12* Country (if not U.S.)		
13* Government issued identification (if available) a <input type="checkbox"/> Driver's license/State I.D. b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other _____ e Number _____ f Issuing state or country _____		
14* SSN/ITIN (individual) or EIN (entity)	15 Date of birth MM / DD / YYYY	16 Phone number (include area code) () - - - - -
17 Vehicle Lic.# / State (Optional) a number b state		18 Customer number, if any
19 Occupation/Type of business		20* Endorser's (individual or Entity) name, if any
21* Bank account number of endorser, if any		22* Bank of first deposit, if any
Part II Suspicious Instrument/Money Transfer Information		
23 Financial services involved in suspicious transaction(s) (Check <u>all</u> that apply.) a <input type="checkbox"/> Money Order b <input type="checkbox"/> Traveler's Check c <input type="checkbox"/> Money Transfer d <input type="checkbox"/> Other _____		
24* Date or date range of suspicious activity From MM / DD / YYYY To MM / DD / YYYY		25 Total dollar amount involved in suspicious activity \$ _____
26.1* Serial number(s) of [a] money order(s) <input type="checkbox"/> or [b] traveler's check(s) <input type="checkbox"/> c Issuer name _____ d Starting No. _____ e Ending No. _____		
26.2 Serial number(s) of [a] money order(s) <input type="checkbox"/> or [b] traveler's check(s) <input type="checkbox"/> c Issuer name _____ d Starting No. _____ e Ending No. _____		
26.3 Serial number(s) of [a] money order(s) <input type="checkbox"/> or [b] traveler's check(s) <input type="checkbox"/> c Issuer name _____ d Starting No. _____ e Ending No. _____		
27.1* Money transfer number a Issuer name _____ b No. _____		27.2 Money transfer number a Issuer name _____ b No. _____
Catalog No. XXXXXX		

27.3 Money transfer number a Issuer name _____ b No.	27.4 Money transfer number a Issuer name _____ b No.
27.5 Money transfer number a Issuer name _____ b No.	27.6 Money transfer number a Issuer name _____ b No.
28* Category of suspicious activity (Check <u>all</u> that apply.) a <input type="checkbox"/> Money laundering b <input type="checkbox"/> Structuring c <input type="checkbox"/> Terrorist financing d <input type="checkbox"/> Other (specify) _____	
29* Character of suspicious activity (check only one box "a, b, or c", then check <u>all</u> of (1) through (9) that apply) a <input type="checkbox"/> Unusual use of money order(s) or traveler's check(s) b <input type="checkbox"/> Unusual use of money transfer(s) c <input type="checkbox"/> Both Check all of the following that apply (1) <input type="checkbox"/> Alters transaction to avoid completion of funds transfer record or money order or traveler's check record (\$3,000 or more) (2) <input type="checkbox"/> Alters transaction to avoid filing a CTR form (\$10,000 or more) (3) <input type="checkbox"/> Comes in frequently and purchases less than \$3,000 (4) <input type="checkbox"/> Changes spelling or arrangement of name (5) <input type="checkbox"/> Individual(s) using multiple or false identification documents (6) <input type="checkbox"/> Two or more individuals using the similar/same identification (7) <input type="checkbox"/> Two or more individuals working together (8) <input type="checkbox"/> Same individual(s) using multiple locations over a short time period (9) <input type="checkbox"/> Offers a bribe in the form of a tip/gratuity	
Part III Transaction Location Information 30 <input type="checkbox"/> Multiple selling and/or paying business locations	
31 Type of business location (check only one box) a <input type="checkbox"/> Selling business location b <input type="checkbox"/> Paying business location c <input type="checkbox"/> Both	
32* Legal name of business _____	
33 Doing business as _____	
34* Permanent address (number, street, and suite no.) _____	
35* City _____	
36* State _____	
37* Zip code _____	
38* EIN (entity) or SSN/ITIN (individual) _____	
39* Business phone number (include area code) ()	
40 Country (if not U.S.) _____	
Part IV Law Enforcement Agency Information	
41 If a law enforcement agency has already been contacted (excluding submission of a SAR-MSB), check the appropriate box. a <input type="checkbox"/> DEA d <input type="checkbox"/> U.S. Customs Service g <input type="checkbox"/> Other Federal i <input type="checkbox"/> Local law enforcement b <input type="checkbox"/> FBI e <input type="checkbox"/> U.S. Postal Inspection Service h <input type="checkbox"/> State law enforcement j <input type="checkbox"/> Tribal law enforcement c <input type="checkbox"/> IRS f <input type="checkbox"/> U.S. Secret Service Include agency name when box g, h, i, or j is checked _____	
42 Name of person contacted at law enforcement agency _____	
43 Phone number (include area code) ()	
44 Date contacted ____/____/____ MM DD YYYY	
Part V Reporting Business Information (if different from Location Information in Part III)	
45* Legal name of business _____	
46 Doing business as _____	
47* Permanent address (number, street, and suite no.) _____	
48* City _____	
49* State _____	
50* Zip code _____	
51* EIN (entity) or SSN/ITIN (individual) _____	
52* Business phone number (include area code) ()	
53 Country (if not U.S.) _____	
Part VI Contact for Assistance	
54* Last name of individual to be contacted regarding this report _____	
55* First name _____	
56 Middle initial _____	
57* Title/Position _____	
58* Work phone number (include area code) ()	
59 Date report prepared ____/____/____ MM DD YYYY	
Paperwork Reduction Act Notice: The purpose of this form is to provide an effective means for a money services business (MSB) to notify appropriate law enforcement agencies of suspicious transactions and activities that occur by, through, or at a MSB. This report is authorized by law, pursuant to authority contained in 31 U.S.C. 5318(g). Information collected on this report is confidential (31 U.S.C. 5318(g)). Federal regulatory agencies, State law enforcement agencies, the U.S. Departments of Justice and Treasury, and other authorized authorities may use and share this information. Public reporting and recordkeeping burden for this form is estimated to average 35 minutes per response, and includes time to gather and maintain information for the required report, review the instructions, and complete the information collection. Send comments regarding this burden estimate, including suggestions for reducing the burden, to the Office of Management and the Budget, Paperwork Reduction Project, Washington, DC 20503 and to the Financial Crimes Enforcement Network, Attn.: Paperwork Reduction Act, P.O. Box 39, Vienna VA 22183-0039. The agency may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.	

Part VII Suspicious Activity Information - Narrative***3**

Explanation/description of suspicious activity. This section of the report is critical. The care with which it is completed may determine whether or not the described activity and its possible criminal nature are clearly understood by investigators. Provide a clear, complete and chronological description of the activity, including what is unusual, irregular or suspicious about the transaction(s). Use the checklist below, as a guide, as you prepare your description. The description should cover the material indicated in Parts I, II and III, but the money services business (MSB) should describe any other information that it believes is necessary to better enable investigators to understand the suspicious activity being reported.

- a. **Describe** conduct that raised suspicion.
- b. **Explain** whether the transaction(s) was completed or only attempted.
- c. **Describe** supporting documentation and retain such documentation for your file for five years.
- d. **Indicate** a time period, if it was a factor in the suspicious transaction(s), for example, specify the time and whether it occurred during AM or PM. If the activity covers more than one day, identify the time of day when such activity occurred most frequently.
- e. **Retain** any admission or explanation of the transaction(s) provided by the subject(s), or other persons. Indicate when and to whom it was given.
- f. **Retain** any evidence of cover-up or evidence of an attempt to deceive federal or state examiners, or others.
- g. **Indicate** where the possible violation of law(s) took place (e.g., main office, branch, agent location, etc.).
- h. **Indicate** whether the suspicious activity is an isolated incident or relates to another transaction.
- i. **Indicate** for a foreign national any available information on subject's passport(s), visa(s), and/or identification card(s). Include date, country, city of issue, issuing authority, and nationality.
- j. **Indicate** whether any information has been excluded from this report; if so, state reasons.
- k. **Indicate** whether any U.S. or foreign instrument(s) were involved. If so, provide the amount, name of currency, and country of origin.
- l. **Indicate** whether any transfer of money to or from a foreign country, or any exchanges of a foreign currency were involved. If so, identify the currency, country, and sources and destinations of money.
- m. **Indicate** any additional account number(s), and any foreign bank(s) account numbers which may be involved in transfer of money.
- n. **Identify** any employee or other individual or entity (e.g., agent) suspected of improper involvement in the transaction(s).
- o. **For issuers, indicate** if the endorser of money order(s) and/or traveler's check(s) is different than payee. If so, provide the individual's name or entity name; bank's name, city, state and country; ABA routing number; endorser's bank account number; foreign non-bank name (if any); correspondent bank name and account number (if any); etc.
- p. **For selling or paying locations, indicate** if there is a video recording medium or surveillance photograph of the customer.
- q. **For selling or paying locations, if you do not have a record of a government issued identification document, describe** the type, issuer and number of any alternate identification that is available (e.g., for a credit card specify the name of the customer and credit card number.)
- r. **For selling or paying locations, describe** the subject(s) if you do not have the identifying information in Part I or if multiple individuals use the same identification. Use descriptors such as male, female, age, etc.
- s. **If correcting a prior report, complete the form in its entirety and note the changes here in Part VII.**

Information already provided in earlier Parts of this form need not necessarily be repeated if the meaning is clear.

Supporting documentation should not be filed with this report. Maintain the information for your files.

Enter explanation/description in the space below. If necessary, continue the narrative on a duplicate of this page or a blank page.

4

26.4	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.5	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.6	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.7	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.8	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.9	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.10	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.11	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.12	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.13	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.14	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.15	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.16	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.17	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.18	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.19	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.20	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.21	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	
26.22	Serial number(s) of [a] money order(s)	<input type="checkbox"/> or [b] traveler's check(s)	<input type="checkbox"/> c Issuer name
d Starting No.		e Ending No.	

5

[illegible]

Suspicious Activity Report Instructions**6**

Safe Harbor Federal law (31 U.S.C. 5318(g)(3)) provides complete protection from civil liability for all reports of suspicious transactions made to appropriate authorities, including supporting documentation, regardless of whether such reports are filed pursuant to this report's instructions or are filed on a voluntary basis. Specifically, the law provides that a financial institution, and its directors, officers, employees and agents, that make a disclosure of any possible violation of law or regulation, including in connection with the preparation of suspicious activity reports, "shall not be liable to any person under any law or regulation of the United States, any constitution, law, or regulation of any State or political subdivision of any State, or under any contract or other legally enforceable agreement (including any arbitration agreement), for such disclosure or for any failure to provide notice of such disclosure to the person who is the subject of such disclosure or any other person identified in the disclosure".

Notification Prohibited Federal law (31 U.S.C. 5318(g)(2)) provides that a financial institution, and its directors, officers, employees, and agents, who report suspicious transactions to the government voluntarily or as required by 31 CFR 103.20, may not notify any person involved in the transaction that the transaction has been reported.

In situations involving suspicious transactions requiring immediate attention, such as ongoing money laundering schemes, a money transmitter, or issuer, seller, or redeemer of money orders and/or traveler's checks shall immediately notify, by telephone, an appropriate law enforcement authority. In addition, a timely SAR-MSB form shall be filed, including recording any such notification in Part IV on the form.

When To File A Report:

1. Money transmitters and issuers, sellers and redeemers of money orders and/or traveler's checks that are subject to the requirements of the Bank Secrecy Act and its implementing regulations (31 CFR Part 103) are required to file a suspicious activity report (SAR-MSB) with respect to:
 - a. Any transaction conducted or attempted by, at, or through a money services business involving or aggregating funds or other assets of at least \$2,000 (except as described in section "b" below) when the money services business knows, suspects, or has reason to suspect that:
 - i. The transaction involves funds derived from illegal activity or is intended or conducted in order to hide or disguise funds or assets derived from illegal activity (including, without limitation, the nature, source, location, ownership or control of such funds or assets) as part of a plan to violate or evade any Federal law or regulation or to avoid any transaction reporting requirement under Federal law or regulation;
 - ii. The transaction is designed, whether through structuring or other means, to evade any regulations promulgated under the Bank Secrecy Act; or
 - iii. The transaction has no business or apparent lawful purpose and the money services business knows of no reasonable explanation for the transaction after examining the available facts, including the background and possible purpose of the transaction.
 - b. To the extent that the identification of transactions required to be reported is derived from a review of clearance records or other similar records of money orders or traveler's checks that have been sold or processed, an issuer of money orders or traveler's checks shall only be required to report a transaction or a pattern of transactions that involves or aggregates funds or other assets of at least \$5,000.
2. File a SAR-MSB no later than 30 calendar days after the date of initial detection of facts that constitute a basis for filing the report.
3. The Bank Secrecy Act requires that each financial institution (including a money services business) file currency transaction reports (CTRs) in accordance with the Department of the Treasury implementing regulations (31 CFR Part 103). These regulations require a financial institution to file a CTR (IRS Form 4789) whenever a currency transaction exceeds \$10,000. If a currency transaction exceeds \$10,000 and is suspicious, a money transmitter, or issuer, seller or redeemer of money orders and/or traveler's checks must file two forms, a CTR to report the currency transaction and a SAR-MSB to report the suspicious aspects of the transaction. If the suspicious activity involves a currency transaction that is \$10,000 or less, the institution is only required to file a SAR-MSB. Appropriate records must be maintained in each case.

See 31 CFR Part 103

General Instructions**7****A. Abbreviations and Definitions**

- | | |
|--|---|
| 1. AKA--also known as (individual) | 6. IRS-- Internal Revenue Service |
| 2. DBA--doing business as (entity) | 7. ITIN-- Individual Taxpayer Identification Number |
| 3. DEA--Drug Enforcement Administration | 8. SSN-- social security number |
| 4. EIN-- Employer Identification Number | 9. USPS--U.S. Postal Service |
| 5. FBI-- Federal Bureau of Investigation | 10. Instruments-- As used in this form includes Money order(s) and/or Traveler's Check(s) |

B. How To Make A Report

1. Send each completed suspicious activity report to:

**Detroit Computing Center
ATTN: SAR-MSB
P.O. Box 33117
Detroit, MI 48232-5980**

2. Leave blank any items that do not apply or for which information is unavailable.
3. Items marked with an **asterisk *** are considered critical and **are required to be completed if known**.
4. Complete each suspicious activity report by providing as much information as possible on initial and corrected reports.
5. Do not include supporting documentation with the suspicious activity report filed. Identify and retain a copy of the suspicious activity report and all supporting documentation or business record equivalent for your files for five (5) years from the date of the suspicious activity report. All supporting documentation such as, copies of instruments; receipts; sale, transaction or clearing records; photographs, surveillance audio and/or video recording medium, must be made available to appropriate authorities upon request.
6. If more than one subject is being reported, make a copy of page 1 and complete only the subject information in Part I, and attach the additional page(s) behind page 1. If more space is needed to complete any other item(s), identify that item in Part VII by "item number", and provide the additional information.
7. Type or complete the report using block written letters.
8. Enter all **dates** in MM/DD/YYYY format where MM=month, DD=day, and YYYY=year. Precede any single number with a zero, i.e., 01, 02, etc.
9. Enter all **telephone numbers** with (area code) first and then the seven numbers, using the format, i.e., (XXX) XXX-XXXX. List international telephone and fax numbers in Part VII.
10. Always enter an **individual's name** by entering the last name, first name, and middle initial (if known). If a legal entity is listed, enter its name in the last name field.
11. Enter all **identifying numbers** (alien registration, driver's license/state ID, EIN, ITIN, Foreign National ID, passport, SSN, vehicle license number, etc.) starting from left to right. Do not include spaces, dashes or other punctuation.
12. Enter all **Post Office ZIP codes** with at least the first five numbers (all nine ZIP+4, if known) and listed from left to right.
13. Enter all **monetary amounts** in U.S. dollars. Use whole dollar amounts rounded up when necessary. Use this format: \$0,000,000.00. If foreign currency is involved, state name of the currency and country of origin.

14. **Addresses, general.** Enter the permanent street address, city, two letter state/territory abbreviation used by the U.S. Postal Service and ZIP code (ZIP+4, if known) of the individual or entity. A post office box number should not be used for an individual, unless no other address is available. For an individual also enter any apartment number or suite number, road or route number. If a P.O. Box is used for an entity, enter the street name, suite number, and road or route number. If the address of the individual or entity is in a foreign country, enter the city, province or state, postal code and the name of the country. Complete any part of the address that is known, even if the entire address is not known. If from the United States, leave country blank.

Item 1-- Check box, corrects prior report, if this report is filed to correct a previously filed SAR-MSB. To correct a report, a new SAR-MSB must be completed in its entirety. Also note corrected information in Part VII (see line "s").

Item 2-- Type of filer. Check the appropriate box(es) for the type of filer. USPS only required to check box "h".

Part I Subject Information

Item 3-- Multiple subjects. Check box if multiple subjects are involved. Attach additional copy(s) of Part 1 to this report.

Item 4-- Subject type. Check box "a" if the subject purchased a money order(s) or traveler's check(s) or sent a money transfer(s). Check box "b" if the subject cashed a money order(s) or traveler's check(s) or received payment of a money transfer(s). Check box "c" if both "a & b" apply. Check box "d" Other, and describe in Part VII, if the subject is an individual other than a customer, such as, an employee of an MSB or an individual serving as an agent of an MSB.

Items 5, 6, and 7-- *Name of subject. See General Instruction B10. If the name of the subject is known, complete Items 5 through 7. If the MSB knows that the individual has an "aka" or "dba" name, enter the name in Part VII. If the subject is an entity, enter its "dba" name in Item 5 if the legal name is not known. If there is more than one subject, make copies of page 1 and provide the information about each subject in Part I. Attach the additional copies to the SAR. When there is more than one purchaser and/or payee (e.g., two or more transactions), indicate whether each subject is a purchaser or payee and list the instrument or money transfer numbers associated with each customer in Part VII.

Items 8, 9, 10, 11 and 12-- *Permanent address. See General Instructions B12 and B14.

Item 13-- *Government issued identification (if available). See General Instruction B11. Check the appropriate box showing the type of document used to verify the subject's identity. If you check box "d" (Other), be sure to specify the type of document used. In box "e" list the number of the identifying document. In box "f" list the issuing state or country. If more space is required, enter the information in Part VII.

Item 14-- *SSN/ITIN (individual) or EIN (entity). See General Instruction B11 and definitions. If the subject named in Items 5 through 7 is a U.S. Citizen or an alien with a SSN, enter his or her SSN in Item 14. If that person is an alien who has an ITIN, enter that number. If the subject is an entity, enter the EIN.

Item 15-- Date of birth. See General Instruction B8. If an individual is named in Items 5 through 7, enter the date of birth. If the month and/or day is not available or unknown, fill in with zeros (e.g., "01/00/1969" indicates an unknown date in January, 1969).

Item 16-- Telephone number. See General Instruction B9. Enter home or business number for individual or entity listed in Items 5 through 7. List any additional number(s) (e.g., hotel, etc.) in Part VII.

Item 17-- Vehicle license number (optional). Enter the subject's vehicle license plate number and issuing state if known or available. Do not ask for or make a special effort to obtain the license plate number.

Item 18-- Customer number, if any. Enter a preferred customer card number or a frequent user card number, etc.

Item 19-- Occupation/Type of business. If known, identify the occupation, profession or business that best describes the individual in Part I (e.g., attorney, car dealer, carpenter, doctor, farmer, plumber, truck driver, etc.). Do not use nondescript terms such as businessman, merchant, store owner (unless store's name is provided), self employed, unemployed, or retired, unless the regular or former occupation is provided. If the individual's business activities can be described more fully, provide the additional information in Part VII. Indicate in Item 19 if "unknown."

Item 20-- *Endorser's (individual or entity) name, if any. If the reported activity involves instruments and the endorser's name (found on the reverse side of the instrument) can be determined, enter the name in Item 20.

Item 21-- *Bank account number of endorser, if any. See General Instruction B11. If the reported activity involves instruments and the endorser's bank account number (found on the reverse side of the instrument) can be determined, enter the account number.

Item 22-- *Bank of first deposit, if any. Enter the bank name as shown on the reverse side of the instrument.

Part II Suspicious Instrument/Money Transfer Information

Item 23-- Financial services involved in suspicious transaction(s). Check appropriate box(es) to indicate the type of financial service(s) involved in the suspect transaction(s). If you check box "d" for "**Other**", specify briefly the type of services involved but not listed in Item 23 and describe the character of such services in Part VII.

Item 24-- *Date or date range of suspicious activity. See General Instruction B8. Enter the date of the reported activity in the "**From**" field. If more than one day, indicate the duration of the activity by entering the first date in the **From** field and the last date in the **To** field.

Item 25-- Total dollar amount. See General Instruction B13. Enter the total dollar value involved in the reported activity. If the amount cannot be determined or estimated, enter zero (0). If multiple instruments and/or money transfer(s) are reported, enter the total dollar amount in Item 25. If more than one type of financial service is involved, list separately each financial service with its name and dollar value in Part VII. Foreign currency convert amount to US dollars.

Item 26-- *Serial number(s) of money order(s) or traveler's check(s). If the suspicious activity involves a single instrument or a series of instruments with consecutive serial numbers, check the appropriate box for money order, "a", or traveler's check "b" and enter in "c" the name of the issuer. Enter in "d" the serial number for each instrument involved in the reported activity, when the instruments are not consecutively numbered. In the case of instruments with consecutive serial numbers, enter the first number in the series in "d" and the last number in the series in "e". Enter up to 22 non-consecutive or 22 sets of consecutive serial numbers in "d" and "e" in items 26.1 through 26.22 on pages 1 and 4 (Continuation). If the suspicious activity involves more than 22 make as many copies of page 4 of the form as necessary. Attach the additional page(s) to the report. If the filer is the issuer and the name of the issuer is entered in Part III or V, "c" may be left blank.

Item 27-- *Money transfer number(s). If the suspicious activity involves a money transfer number, enter in "a" the name of the money transfer company. Enter in "b" the identifying number of each money transfer involved in the reported activity. Enter up to 40 money transfer numbers in Items 27.1 through 27.40 on pages 1, and 5 (Continuation). If the suspicious activity involves more than 40 make as many copies of page 5 of the form as necessary. Attach the additional page(s) to the report. If the filer is the issuer and the name of the issuer is entered in Part III or V, "a" may be left blank.

Item 28-- Category of Suspicious activity. Check the box(es) which best identify the suspicious activity. Check box "b" for **Structuring** when it appears that a person acting alone, or in conjunction with, or on behalf of other persons, conducts or attempts to conduct activity designed to evade any record keeping or reporting requirement promulgated under the Bank Secrecy Act. If you check box "d" specify briefly the type of suspicious activity which occurred, but is not listed in Item 28, then describe the character of such activity in Part VII. Box "d" should only be used if no other type of suspicious activity box adequately categorizes the transaction.

Item 29-- *Character of suspicious activity. Check box "a" for unusual use of instruments, check box "b" for unusual use of money transfer(s), or check box "c" for both. Check box(es) 1 through 9 for each description that applies.

Part III Transaction Location Information

Item 30-- Multiple selling and/or paying business locations. If the reported activity occurred at multiple selling and/or paying business locations, check the box, make as many copies of page 2 of the form as necessary, and provide the additional information in duplicate Part III. Attach the additional copies of page 2 to the SAR.

Item 31-- Type of business location(s). Check box "a" if this is the selling location where the customer purchased a money order(s) or traveler's check(s) or initiated a money transfer(s). Check box "b" if this is the paying location where the customer cashed a money order(s) or traveler's check(s) or received payment of a money transfer(s). Check box "c" if multiple transactions are reported and the business functioned as both a selling and paying location for one or more transactions.

Item 32-- *Legal name of business. Enter the legal name of the business where the transactions took place. If the transactions occurred at more than one place make as many copies of page 2 of the form as necessary, and provide the additional information in duplicates of Part III. Attach the additional copies of page 2 to the SAR.

Item 33-- Doing business as. Enter the trade name by which the business is commonly known (if other than the legal name).

Items 34, 35, 36, 37-- *Permanent address. See General Instructions B12 and B14.

Item 38-- *EIN (entity) or SSN/ITIN (individual). See General Instruction B11 and definitions. If the business identified in Item 32 has an EIN, enter that number in Item 38. If not, enter individual owner's SSN or ITIN.

Item 39-- Business telephone number. See General Instruction B9. Enter the number of the business listed in item 32.

Item 40-- Country. Leave blank if U.S.

Part IV Law Enforcement Contact Information

Item 41-- Contacting Enforcement Authorities. If no contact go to **Part V or Part VI**, as appropriate. See general Instructions "Abbreviations and Definitions" for law enforcement identities. If the MSB has advised any law enforcement agency of the suspicious activity, by telephone or written communication (*excluding submission of a SAR-MSB*), check the appropriate box and complete Items 42 through 44. If you check boxes "g, h, i, or j" specify the agency name on the line provided.

Item 42, 43 and 44-- Law enforcement contact. Complete only if a contact (item 41) has been made. Identify the individual contacted, the telephone number and the date contacted. List any additional contacts in Part VII. Contact with law enforcement agencies does not eliminate the requirement to file the SAR-MSB.

Part V Reporting Business Information (complete only if different from Location Information in Part III).

Items 45 through 53-- *See instructions for completing items 32 through 40 above.

Part VI Contact for Assistance

Items 54, 55 and 56-- *Contact individual. See general instruction B10.

Item 57-- *Title/Position. Enter the job title/position of the contact individual.

Item 58-- *Work phone number. See General Instruction B9.

Item 59-- Date report prepared. See General Instruction B8.

Part VII Suspicious Activity Information — Narrative* See Page 3 for instructions

DEPARTMENT OF VETERANS AFFAIRS**[OMB Control No. 2900-0003]****Proposed Information Collection
Activity: Proposed Collection;
Comment Request****AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.**ACTION:** Notice.

SUMMARY: The Veterans Benefits Administration (VBA), Department of Veterans Affairs (VA), is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish in the **Federal Register** concerning each proposed collection of information, including each proposed extension of a currently approved collection and allow 60 days for public comment in response to the notice. This notice solicits comments on the information needed to determine eligibility for burial benefits.

DATES: Written comments and recommendations on the proposed collection of information should be received on or before September 23, 2002.

ADDRESSES: Submit written comments on the collection of information to Nancy J. Kessinger, Veterans Benefits Administration (20S52), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420 or e-mail: irmnkess@vba.va.gov. Please refer to "OMB Control No. 2900-0003" in any correspondence.

FOR FURTHER INFORMATION CONTACT: Nancy J. Kessinger at (202) 273-7079 or FAX (202) 275-5947.

SUPPLEMENTARY INFORMATION: Under the PRA of 1995 (Public Law 104-13; 44 U.S.C., 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VBA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of VBA's functions, including whether the information will have practical utility; (2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the

information to be collected; and (4) ways to minimize the burden of the collection of the information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Titles: Application for Burial Benefits (Under 38 U.S.C. Chapter 23), VA Form 21-530.

OMB Control Number: 2900-0003.

Type of Review: Extension of a currently approved collection.

Abstract: The form is used to apply for burial benefits, including transportation expenses. The information is used to determine if the deceased veteran had appropriate service and/or disability and that the applicant has made payment for burial or has contracted to make appropriate payment.

Affected Public. Individual or households and Business or other for-profit.

Estimated Annual Burden: 100,000 hours.

Estimated Average Burden Per Respondent: 20 minutes.

Frequency of Response: On occasion.

Estimated Number of Respondents: 300,000.

Dated: July 10, 2002.

By direction of the Secretary.

Genie McCully,

Acting Director, Information Management Service.

[FR Doc. 02-18786 Filed 7-24-02; 8:45 am]

BILLING CODE 8320-01-M

DEPARTMENT OF VETERANS AFFAIRS**[OMB Control No. 2900-0251]****Proposed Information Collection
Activity: Proposed Collection;
Comment Request****AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.**ACTION:** Notice.

SUMMARY: The Veterans Benefits Administration (VBA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of a currently approved collection, and allow 60 days for public comment in response to the notice. This notice solicits comments for information

needed to determine the status of a loan account that is in default.

DATES: Written comments and recommendations on the proposed collection of information should be received on or before September 23, 2002.

ADDRESSES: Submit written comments on the collection of information to Nancy J. Kessinger, Veterans Benefits Administration (20S52), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420 or e-mail: irmnkess@vba.va.gov. Please refer to "OMB Control No. 2900-0251" in any correspondence.

FOR FURTHER INFORMATION CONTACT: Nancy J. Kessinger at (202) 273-7079 or FAX (202) 275-5947.

SUPPLEMENTARY INFORMATION: Under the PRA of 1995 (Public Law 104-13; 44 U.S.C., 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VBA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of VBA's functions, including whether the information will have practical utility; (2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Title: Present Status of Loan, VA Form 26-8778.

OMB Control Number: 2900-0251.

Type of Review: Extension of a currently approved collection.

Abstract: VA Form 26-8778 is used to collect information from the servicer regarding a defaulted loan and as a code sheet to input data in the automated Loan Service and Claims System. The information is needed to take the necessary action to cure the defaulted loan.

Affected Public: Business or other for-profit.

Estimated Annual Burden: 29,167 hours.