

Department of the Treasury - Internal Revenue Service
**Transmittal for Magnetic Media
Reporting of Currency Transactions**

Internal use only	Receipt date	Virus check performed <input type="checkbox"/> Yes <input type="checkbox"/> No	DCN Range beginning number	DCN Range ending number
1. Type of files represented by transmittal <input type="checkbox"/> Production <input type="checkbox"/> Test <input type="checkbox"/> Replacement			2. Transmitter control code (TCC) assigned by IRS to the transmitter organization	
3. Type of documents being filed <input type="checkbox"/> CTR Fin 104 <input type="checkbox"/> CTR-C-N Fin 103n <input type="checkbox"/> SAR-C Fin 102 <input type="checkbox"/> Other _____ <input type="checkbox"/> CTR-C Fin 103 <input type="checkbox"/> TD F 90-22.47 SAR <input type="checkbox"/> TD F 90-22.56 SAR-MSB				
4a. Name and address of Filer (<i>Street, city, state, ZIP code</i>)			4b. Employer Identification Number of Filer	
			4c. Transmitter control code of Filer	
5a. Name and address of organization transmitting magnetic media (<i>Street, city, state, ZIP code</i>)			5b. Employer Identification Number of Transmitter	
6. Name and address of person to contact about magnetic media files (<i>Street, city, state, ZIP code</i>)			6b. Title	
			6c. Telephone number (<i>Include area code</i>)	
7. Name and address of person to whom magnetic media files are to be returned (<i>If different for block 6a</i>) (<i>Street, city, state, ZIP code</i>)				
8a. Coverage period (<i>Beginning date (MMDDYYYY)</i>)			8b. Coverage period (<i>Ending date (MMDDYYYY)</i>)	

9. **Reporting Medium**

Medium	Miscellaneous Information		Recording Mode	Reel/Cartridge Number
<input type="checkbox"/> Cartridge	Standard Label	<input type="checkbox"/> 18 Track <input type="checkbox"/> 36 Track	EBCDIC only	
<input type="checkbox"/> Diskette	Single sided/Single Density Single sided/Double Density Double sided/Double Density	<input type="checkbox"/> 3 1/2"	ASCII only	N / A

If more than one Filer is being reported, please use form 4802-DCC.

10a. Number of documents for Filer (Item 4).	10b. Total number of documents transmitted.
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Affidavit

The authorized agent of the Filer may sign if all conditions are met as stated in the, Magnetic Media Reporting Instructions.

Under penalties of perjury, I declare that I have examined this transmittal, including accompanying documents, and to the best of my knowledge and belief it is correct and complete. In the case of documents without recipient's identifying numbers, I have complied with the requirements of the law in attempting to secure such numbers from the receipts. I declare that this filing represents all Documents filed during this reporting period except for those transactions reported on paper.

Signature	Title	Date
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Transmittal for Magnetic Media Reporting of Currency Transactions Instructions

Use Form 4804-DCC to transmit the Currency Transactions. You must include Form 4804-DCC (or computer-generated substitute containing the same information) with each magnetic media file you send to the IRS.

Block 1

Indicate whether the data in this shipment is a production, test or replacement file by checking the appropriate box.

Block 2

Enter the eight-character alpha/numeric transmitter control code assigned by IRS to the transmitter organization.

Block 3

Check the box next to the type document you will file with IRS on magnetic media.

Block 4a - 4c

Enter the name and address of the filer. If you have the authority to sign the affidavit on Form 4804-DCC, you may enter information for additional filers on Form 4802-DCC.

Enter the 9-digit employer identification numbers assigned by IRS to the filer.

Enter the transmitter control code assigned by IRS to the filer.

Block 5a - 5b

Enter the name and address of the transmitter. (Omit if same as block 4a).

Enter the 9-digit employer identification numbers assigned by IRS to the transmitter.

Block 6a - 6c

Enter the name, address, telephone number, and title of the person to contact about the magnetic media files.

Block 7

Enter the name and address of the person to whom the magnetic media files and copy of the report should be returned. (Omit if same as block 6).

Block 8

Enter the coverage period beginning and ending dates in (MMDDYYYY) format.

Block 9

Check the appropriate box to indicate the type of magnetic media. Enter tape/cartridge number.

Block 10a - 10b

Enter the appropriate number of documents.

Affidavit

The signed signature **MUST** be the original and not a copy or fax. (See instructions on Form 4800-DCC for Form 4804-DCC affidavit requirements.)

Form 4802-DCC, Transmittal for Multiple Magnetic Media Reporting

It is not necessary to prepare a separate Form 4804-DCC for each Form 4802-DCC; or each institution or type of document since Form 4802-DCC is the continuation sheet for Form 4804-DCC. Use Form 4802-DCC if you are reporting for multiple institutions; or if you are an agent authorized to sign Form 4804-DCC for the institution shown on the Form 4802-DCC. Enter total amounts on Form 4802-DCC in the same manner used on Form 4804-DCC, and attach it to the signed Form 4804-DCC.

Note: IRS encourages the use of a computer-generated substitute for Forms 4804-DCC and 4802-DCC. The format must include all information requested on these forms including the affidavit.

Paperwork Reduction Act Notice

The Paperwork Reduction Act of 1980 says we must tell you why we are collecting this information, how we will use it, and whether you are required to provide it to us. We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure the magnetic media you are using will be compatible with our processing equipment. The information is also used to more efficiently schedule and manage processing at the IRS. You are required by law to give us this information.