

(7) To modify the exemption to authorize the use of alternative cryogenic vessel models of the same diameter, length and volume.

(8) To modify the exemption to upgrade the Senior Review Technologist certification and revise the marking requirements for retester symbols and certification dates.

(9) To modify the exemption to authorize the use of additional units with minor design changes for the transportation of a Division 2.2 material.

(10) To modify the exemption to authorize the use of similar non-DOT specification pressure vessels (stainless steel heat exchangers) containing Class 3 materials.

(11) To modify the exemption to authorize the transportation of additional Division 4.1, 4.3 and 6.1 materials contained in the core of a continuous roll of steel tubing.

(12) To modify the exemption to authorize the transportation of certain Division 2.3 materials via cargo aircraft which are not presently authorized in the Hazardous Materials Table.

(13) To reissue the exemption originally issued on an emergency basis for the transportation of a Class 8 material in DOT Specification IM 101 portable tanks that do not conform to the filling density requirements.

[FR Doc. 03-16091 Filed 6-24-03; 8:45 am]

BILLING CODE 4910-60-M

## DEPARTMENT OF THE TREASURY

### Financial Crimes Enforcement Network; Proposed Collection; Comment Request; Currency Transaction Report by Casinos—Nevada

**AGENCY:** Financial Crimes Enforcement Network ("FinCEN"), Treasury.

**ACTION:** Notice and request for comments.

**SUMMARY:** As part of its continuing effort to reduce paperwork and respondent burden, FinCEN invites comment on a proposed revision to the Currency Transaction Report—Nevada ("CTRC-N") and editorial changes to the instructions. This request for comments is being made pursuant to the Paperwork Reduction Act of 1995, Public Law 104-13, 44 U.S.C. 3506(c)(2)(A).

**DATES:** Written comments are welcome and must be received on or before August 25, 2003.

**ADDRESSES:** Written comments should be submitted to: Office of Chief Counsel, Financial Crimes Enforcement Network, Department of the Treasury, P.O. Box 39, Vienna, Virginia 22183, Attention: PRA Comments—CTRC-N Form. Comments also may be submitted by electronic mail to the following Internet address: [regcomments@fincen.treas.gov](mailto:regcomments@fincen.treas.gov), again with a caption, in the body of the text, "Attention: PRA Comments—CTRC-N Form."

*Inspection of comments.* Comments may be inspected, between 10 a.m. and 4 p.m., in the FinCEN reading room in Washington, DC. Persons wishing to inspect the comments submitted must request an appointment by telephoning (202) 354-6400.

**FOR FURTHER INFORMATION CONTACT:** Daniel P. Haley, Regulatory Program Compliance Specialist, Office of Regulatory Programs, FinCEN, at (202) 354-6400; and Judith R. Starr, Chief Counsel and Alma Angotti, Enforcement

Counsel, Office of Chief Counsel, FinCEN, at (703) 905-3590.

**SUPPLEMENTARY INFORMATION:** Title: Currency Transaction Report by Casinos—Nevada (CTRC-N).

*OMB Number:* 1506-0003.  
*Form Number:* FinCEN Form 103-N (Formerly 8852).

*Abstract:* The statute generally referred to as the "Bank Secrecy Act," Titles I and II of Public Law 91-508, as amended, codified at 12 U.S.C. 1829b, 12 U.S.C. 1951-1959, and 31 U.S.C. 5311-5332, authorizes the Secretary of the Treasury, *inter alia*, to require financial institutions to keep records and file reports that are determined to have a high degree of usefulness in criminal, tax, and regulatory matters, or in the conduct of intelligence or counter-intelligence activities; to protect against international terrorism, and to implement counter-money laundering programs and compliance procedures.<sup>1</sup> Regulations implementing Title II of the Bank Secrecy Act appear at 31 CFR part 103. The authority of the Secretary to administer the Bank Secrecy Act has been delegated to the Director of FinCEN.

Section 5313(a) authorizes the Secretary to issue regulations that require a report when "a domestic financial institution is involved in a transaction for the payment, receipt, or transfer of United States coins or currency (or other monetary instruments the Secretary of the Treasury prescribes), in an amount, denomination, or amount and denomination, or under circumstances the Secretary prescribes. Regulations implementing section 5313(a) are found at 31 CFR 103.22. In general, the regulations require the reporting of transactions in currency in excess of \$10,000 a day.

Pursuant to a cooperative agreement between Treasury and Nevada, casinos in Nevada report currency transactions

using the Currency Transaction Report by Casinos—Nevada, FinCEN 103-N (Formerly Form 8852).

*Action:* This revision makes several editorial changes to the CTRC-N. As part of an effort to standardize its forms, FinCEN is changing the form number from Form 8852 to FinCEN Form 103-N. In addition, the format of the country information in Part I items "11" and "25," in Part II item "35," and Part III item "45" is changed to accept two-digit country codes instead of a text country name, and information about accessing state and country codes on FinCEN's website is added to the instructions. The format for dates entered in Part I items "8" and "26," Part II item "33," and Part III items "48" and "51" is also changed to ease data entry on electronically prepared forms and to conform to current form style. Finally, the Paperwork Reduction Act notice has been moved to page four.

*Type of Review:* Regular with changes to a currently approved information collection.

*Affected public:* Business or other for-profit and institutions.

*Frequency:* As required.

*Estimated Burden:* Reporting average of 19 minutes per response.<sup>2</sup> Form recordkeeping average of 5 minutes per response, for a total of 24 minutes.

*Estimated number of respondents:* 115.

*Estimated Total Annual Responses:* 136893.

*Estimated Total Annual Burden Hours:* 54,757.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Records required to be retained under the Bank Secrecy Act must be retained for five years.

### Request for Comments

Comments submitted in response to this notice will be summarized and/or

<sup>1</sup> Language expanding the scope of the Bank Secrecy Act to intelligence or counter-intelligence activities to protect against international terrorism was added by Section 358 of the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT ACT) Act of 2001 (the "USA Patriot Act"), Pub. L. 107-56.

<sup>2</sup> This burden relates to the completion of the CTRC-N form only. The recordkeeping burden of 31 CFR 103.22 is reflected in the final rule requiring financial institutions to file currency transaction reports of suspicious activity.

included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate

of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital


or start-up costs and costs of operation, maintenance and purchase of services to provide information.

Dated: June 17, 2003.

**James F. Sloan,**

*Director, Financial Crimes Enforcement Network.*

**BILLING CODE 4810-02-P**

FINCEN Form <b>103-N</b> (Formerly Form 8852) (Rev. December 2003) Department of the Treasury FINCEN		<b>Currency Transaction Report by Casinos—Nevada</b> Previous editions will not be accepted after May 31, 2004. <b>Please type or print.</b> (Complete all applicable parts—See Instructions)			 OMB No. 1506-0003	
<b>1</b> Check appropriate box(es) if: <b>a</b> <input type="checkbox"/> Amends prior report <b>b</b> <input type="checkbox"/> Supplemental report						
<b>Part I Person(s) Involved in Transaction(s)</b>						
<b>Section A—Person(s) on Whose Behalf Transaction(s) Is Conducted (Patron)</b>					<b>2</b> <input type="checkbox"/> Multiple persons	
<b>3</b> Individual's last name or Entity's name			<b>4</b> First name		<b>5</b> M.I.	
<b>6</b> Permanent address (number, street, and apt. or suite no.)				<b>7</b> SSN or EIN		
<b>8</b> City		<b>9</b> State	<b>10</b> ZIP code	<b>11</b> Country code (if not U.S.)	<b>12</b> Date of birth MM / DD / YYYY	
<b>13</b> Method used to verify identify: <b>a</b> <input type="checkbox"/> Examined identification credential/document <b>b</b> <input type="checkbox"/> Known Patron - information on file <b>c</b> <input type="checkbox"/> Organization <b>d</b> <input type="checkbox"/> Other						
<b>14</b> Describe identification credential: <b>a</b> <input type="checkbox"/> Driver's license/State ID <b>b</b> <input type="checkbox"/> Passport <b>c</b> <input type="checkbox"/> Alien registration <b>d</b> <input type="checkbox"/> Other <b>e</b> Issued by: <b>f</b> Number:						
<b>15</b> Customer's Account Number						
<b>Section B—Individual(s) Conducting Transaction(s) - If other than above (Agent)</b>					<b>16</b> <input type="checkbox"/> Multiple agents	
<b>17</b> Individual's last name			<b>18</b> First name		<b>19</b> M.I.	
<b>20</b> Permanent address (number, street, and apt. or suite no.)				<b>21</b> SSN		
<b>22</b> City		<b>23</b> State	<b>24</b> ZIP code	<b>25</b> Country code (if not U.S.)	<b>26</b> Date of birth MM / DD / YYYY	
<b>27</b> Method used to verify identify: <b>a</b> <input type="checkbox"/> Examined identification credential <b>b</b> <input type="checkbox"/> Known patron - information on file <b>c</b> <input type="checkbox"/> Other						
<b>28</b> Describe identification credential: <b>a</b> <input type="checkbox"/> Driver's license/State ID <b>b</b> <input type="checkbox"/> Passport <b>c</b> <input type="checkbox"/> Alien registration <b>d</b> <input type="checkbox"/> Other <b>e</b> Issued by: <b>f</b> Number:						
<b>Part II Amount and Type of Transaction(s) (Complete Box 31 or 32)</b>					<b>29</b> <input type="checkbox"/> Multiple transactions <b>30</b> <input type="checkbox"/> Dissimilar transactions	
<b>31</b> CASH IN: (in U.S. dollar equivalent)			<b>32</b> CASH OUT: (in U.S. dollar equivalent)			
<b>a</b> Purchase of casino chips, tokens, and other gaming instrumentalities \$ .00			<b>a</b> Redemption of casino chips, tokens, and other gaming instrumentalities \$ .00			
<b>b</b> Deposit (front money or safekeeping) .00			<b>b</b> Withdrawal of deposit (front money of safekeeping) .00			
<b>c</b> Payments on credit (including markers) .00			<b>c</b> Advance on credit (including markers) .00			
<b>d</b> Table game cash bet lost .00			<b>d</b> Payment on bet (including slot jackpot) .00			
<b>e</b> Non-table game cash bet .00			<b>e</b> Currency paid from wire transfer in .00			
<b>f</b> Other (specify) .00			<b>f</b> Negotiable instrument cashed (including checks) .00			
<b>g</b> Enter total amount of CASH IN transaction \$ .00			<b>g</b> Travel and complimentary expenses and gaming incentives .00			
			<b>h</b> Payment for tournament, contest or other promotions .00			
			<b>i</b> Other (specify) .00			
			<b>j</b> Enter total amount of CASH OUT transaction \$ .00			
<b>33</b> Date of transaction (see instructions) MM / DD / YYYY		<b>34</b> Time of transaction : : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		<b>35</b> Foreign currency used (country code)		
<b>36</b> Additional information						
<b>Part III Casino Reporting Transaction(s)</b>						
<b>37</b> Casino's trade name		<b>38</b> Casino's legal name		<b>39</b> Employer identification number (EIN)		
<b>40</b> Address (number, street, and apt. or suite no.) where transaction occurred				<b>41</b> Contact Telephone Number ( )		
<b>42</b> City		<b>43</b> State	<b>44</b> ZIP code	<b>45</b> Country code (if not U.S.)		
<b>Sign Here</b>	<b>46</b> Name and title of recorder/handler		<b>47</b> Signature of recorder/handler		<b>48</b> Date of signature MM / DD / YYYY	
	<b>49</b> Name and title of reviewer		<b>50</b> Signature of reviewer		<b>51</b> Date of signature MM / DD / YYYY	

FinCEN Form 103-N (Rev. 12-03) (Formerly Form 8852)

Page 2

<b>Multiple Persons or Multiple Agents</b>					
<i>(Complete applicable parts below if box 2 or box 16 on page 1 is checked.)</i>					
<b>Part I (Continued)</b>					
<b>Section A—Person(s) on Whose Behalf Transaction(s) Is Conducted (Patron)</b>					
3 Individual's last name or Entity's name			4 First name		5 M.I.
6 Permanent address (number, street, and apt. or suite no.)					7 SSN or EIN
8 City	9 State	10 ZIP code	11 Country code (if not U.S.)	12 Date of birth	
MM / DD / YYYY					
13 Method used to verify identify: a <input type="checkbox"/> Examined identification credential/document b <input type="checkbox"/> Known Patron - information on file c <input type="checkbox"/> Organization d <input type="checkbox"/> Other					
14 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other e Issued by: f Number:					
15 Customer's Account Number					
<b>Section B—Individual(s) Conducting Transaction(s) - If other than above (Agent)</b>					
17 Individual's last name			18 First name		19 M.I.
20 Permanent address (number, street, and apt. or suite no.)					21 SSN
22 City	23 State	24 ZIP code	25 Country code (if not U.S.)	26 Date of birth	
MM / DD / YYYY					
27 Method used to verify identify: a <input type="checkbox"/> Examined identification credential b <input type="checkbox"/> Known patron - information on file c <input type="checkbox"/> Other d <input type="checkbox"/> Other					
28 Describe identification credential: a <input type="checkbox"/> Driver's license/State ID b <input type="checkbox"/> Passport c <input type="checkbox"/> Alien registration d <input type="checkbox"/> Other e Issued by: f Number:					

**CTRC-N INSTRUCTIONS****General Instructions**

**Who Must File.** Any Nevada casino that qualifies as a 6A licensee pursuant to Nevada Gaming Commission Regulation 6A (Reg. 6A), generally casinos with greater than \$10,000,000 in annual gross gaming revenue and with over \$2,000,000 of table games statistical win.

**Exceptions.** Certain persons are not considered patrons pursuant to Reg. 6A. Transactions with these persons are not reportable. See Reg. 6A for details.

**Identification Requirements.** Before completing a reportable transaction with a patron, a 6A licensee must obtain a valid, reliable identification credential from the patron. See Reg. 6A for details.

**What to File.** A 6A licensee must file a Form 103-N for a reportable transactions with a patron as outlined in Reg. 6A. A reportable transaction is a transaction that involves more than \$10,000 in cash. Also, smaller transactions occurring within a

designated 24-hour period that aggregate to more than \$10,000 in cash are reportable if the transactions are the same type transactions within the same monitoring area or if different type transactions occur within the same visit at one location. Do not use Form 105 to report receipts of cash in excess of \$10,000 that occur at non-gaming areas; instead use **Form 8300**, Report of Cash Payments Over \$10,000 Received in a Trade or Business.

**When and Where to File.** File each Form 103-N by the 15th calendar day after the day of the transaction with the:

**IRS Detroit Computing Center**  
**ATTN: CTCR-N**  
**P. O. Box 32621**  
**Detroit, MI 48232-5604**

Keep a copy of each form filed for five years from the date of filing.

**Suspicious Transactions.** If a suspicious transaction involves more than \$10,000 in cash, complete Form 103-N as well as a FinCEN Form 102, Suspicious Activity Report by Casinos (SARC). Also, casinos are required to use the SARC form to report suspicious activities

involving or aggregating at least \$5,000 in cash. **Do not** use Form 103-N to (a) report suspicious transactions of \$10,000 or less or (b) indicate that a transaction of more than \$10,000 is suspicious.

When a suspicious transaction requires immediate attention, telephone 1-800-800-2877 between 9:00 a.m. and 6:00 p.m. Eastern Standard Time (EST). An Internal Revenue Service (IRS) agent will direct the call to the local office of the IRS Criminal Investigation Division (CID). In an emergency, consult directory assistance for the local IRS Criminal Investigation Division (CID) office.

**Definitions.** Certain terms, such as the terms "patron," "designated 24-hour period," "same type of transactions" and "6A licensee," are defined in Reg. 6A.

**Penalties.** Civil and/or criminal penalties may be assessed for failure to comply with Reg. 6A. See Nevada Revised Statutes 463.125, 463.360 and 207.195.

**Specific Instructions**

**Note:** Additional information that cannot fit on the front and back of the Form 103-N must be submitted along with the item number associated with the additional

information on plain paper attached to the Form 103-N. Type or print the patron's name, social security number (or EIN), date of the transaction, licensee's name and licensee's EIN (i.e., Items 3, 4, 5, 7, 33, 37, 38 and 39) on all additional sheets so that, if the sheets become separated, they may be associated with the Form 103-N.

**Item 1 a. Amends Prior Report.** Check box **a** if the report corrects an error in a previously filed report or provides information for a previously filed report. Staple a copy of the original report behind the amended one. Complete Part III in its entirety, but only complete those other entries on the form that are being amended.

**Item 1 b. Supplemental Report.** Check box **b** if the report is for additional same type transactions occurring subsequent to a same type transaction that was reported on a Form 103-N during the same designated 24-hour period. See Reg. 6A for details.

#### Part I - Person(s) Involved in Transaction(s)

*Note: Section A must be completed. If an individual conducts a transaction on his or her own behalf (i.e., a patron), complete Section A and leave Section B blank. If an individual conducts a transaction on behalf of another individual (i.e., an agent conducts a transaction for a patron), complete Section B for the agent and Section A for the patron.*

#### Section A - Person(s) on Whose Behalf Transaction is Conducted (Patron)

**Item 2. Multiple Persons.** Check Item **2** if the transaction is for the benefit of two or more patrons or if the transaction is conducted by two or more patrons who are benefiting from the transaction. Complete Section A on both page 1 and on page 2 for all patrons benefiting from the transaction.

**Items 3, 4 and 5. Individual's/Entity's Name.** Enter the patron's last name in Item **3**, first name in Item **4** and middle initial in Item **5** (if no middle initial leave Item **5** blank). If the patron is an entity, enter both the legal name (name used in Federal tax filings) and any "DBA" name in Item **3** (Item **4** may also be used if more space is required.).

**Items 6, 8, 9, 10 and 11. Address.** Enter the permanent street address including apartment or suite number, road or route number, city, state, zip code and two letter country code (if not United States) of the patron. Use two-letter postal abbreviations for the state (e.g., NV for Nevada, CA for California). If the patron is from a foreign country use the required two-letter country code (e.g., JA for Japan) found at the FinCEN web site at [www.fincen.gov/req\\_bsaforms.html](http://www.fincen.gov/req_bsaforms.html) or call the FinCEN Help Line at 1-800-949-2732 and select option 5.

If the patron has no residence street address, the patron refuses to provide a residence street address or only provides a post office box for an address, indicate "NONE," "REFUSED" or the post office box number in Item 6 as applicable.

**Item 7. Social Security Number (SSN) or Employer Identification Number (EIN).** Enter the patron's SSN or EIN. If a patron refuses to provide an SSN or EIN indicate "REFUSED" in Item 7. If a patron does not have an SSN or EIN indicate "NONE" in Item 7.

**Item 12. Date of Birth.** Enter the patron's date of birth if it is indicated on the patron's identification credential or contained in the 6A licensee's records. If the date of birth is unavailable indicate "NA" in Item 12. Enter the date in MM/DD/YYYY format, with a zero preceding any single digit number (e.g., September 19, 1963 must be entered as 09/19/1963).

**Item 13. Method Used to Verify Identity.** Check box **a** if the patron's identification credential was examined. Check box **b** if, in accordance with Reg. 6A, the patron was a "known patron" and the information needed to complete Form 103-N was taken from the 6A licensee's records. If Item **a** or **b** is checked, Item **14** must be completed. If the patron is an entity, check Item **c**, complete Section B and do not complete Item **14**. If an agent is involved in the transaction for a patron other than an entity and the patron's identification credential was unavailable or information for the patron was not available from the 6A licensee's records, check Item **d** and indicate "U/A" in the space provided.

**Item 14. Describe Identification Credential.** Check box **a**, **b**, **c** or **d** as applicable. If Item **d** is checked, specifically indicate the credential examined (e.g., Military ID). For all types of credentials, enter the issuer of the credential such as the state or country (using two-letter abbreviations or codes) in the space provided for box **e** (see instructions for items **10** and **11**). Enter the identification number contained on the credential in the space provided for box **f**.

**Item 15. Customer Account Number.** Enter the patron's account number associated with the transaction. If no account number exists, indicate "N/A."

#### Section B - Individual(s) Conducting Transaction(s) if Other Than Above (Agent)

*Note: Complete Section B if an agent is involved in the transaction. If an agent is not involved in the transaction, leave Section B blank.*

**Item 16. Multiple Agents.** Check Item **16** if more than one agent was involved in the transaction(s) for the same patron. Complete Section B on both page 1 and on page 2 for all agents conducting the transaction(s).

**Items 17, 18, and 19. Individual's Name.** Enter the agent's last name in Item **17**, first name in Item **18** and middle initial in Item **19** (if no middle initial leave Item **19** blank).

**Items 20, 22, 23, 24 and 25. Address.** Enter the agent's permanent address. Refer to instructions for Items **6**, **8**, **9**, **10** and **11**.

**Item 21. Social Security Number (SSN).** Enter the agent's SSN. If an agent refuses to provide an SSN indicate "REFUSED" in Item **21**. If an agent does not have an SSN indicate "NONE" in Item **21**.

**Item 26. Date of Birth.** Enter the agent's date of birth if it is indicated on the agent's identification credential or contained in the 6A licensee's records. If the date of birth is unavailable indicate "NA" in Item **26**. Refer to instructions for Item **12** for format of date entry.

**Item 27. Method Used to Verify Identity.** Check box **a** if the agent's identification credential was examined. Check box **b** if, in accordance with Reg.

6A, the agent was a "known patron" and the information needed to complete Form 103-N was taken from the 6A licensee's records.

**Item 28. Describe Identification Credential.** Complete for agent's identification credential. Refer to instructions for Item 14.

## Part II - Amount and Type of Transaction(s)

**Item 29. Multiple Same Type Transactions.** Check this item if the reportable transaction consisted of multiple, same type transactions aggregated pursuant to Reg. 6A.

**Item 30. Dissimilar Transactions.** Check this item if the reportable transaction consists of different types of transactions aggregated pursuant to Reg. 6A.

**Note:** Complete either Item 31 or 32; do not complete both items.

**Item 31. CASH IN.**—Enter the dollar or United States dollar equivalent amount of the cash-in transaction on the appropriate line, **a, b, c, d, e** or **f**, and repeat the amount on line **g**. If the reportable cash-in transaction involved more than one type of transaction, enter the amount associated with each different transaction type on the appropriate lines, **a, b, c, d, e** and **f**, and enter the total of the cash-in transactions on line **g**. If any dollar amount entry is made on line **f**, specify the type of transaction in the space provided. Round amounts up to whole dollars (e.g., \$10,220.12 must be entered as \$10,221).

**Item 32. CASH OUT.** Enter the dollar or United States dollar equivalent amount of the cash-out transaction on the appropriate line, **a, b, c, d, e, f, g, h** or **i**, and repeat the amount on line **j**. If the reportable cash-out transaction involved more than one type of transaction, enter the amount associated with each different transaction type on the appropriate lines, **a, b, c, d, e, f, g, h** or **i**, and enter the total of the cash-out transactions on line **j**. If any dollar amount entry is made on line **i**, specify the type of transaction in the space provided. Round amounts up to whole dollars (e.g., \$10,220.12 must be entered as \$10,221).

**Item 33. Date of Transaction.** Enter the date of the transaction. Refer to instructions for Item 12 for format of date entry.

**Item 34. Time of Transaction.** Enter the time of the transaction and check either **AM** or **PM** (for midnight transactions check **AM**, for noon transactions check **PM**). For multiple same type transactions or dissimilar transactions enter the time of the last transaction.

**Item 35. Foreign Currency.** If foreign currency is involved, identify the country of issue using a two-letter country code. Refer to instructions for Item 11. If more than one country of issue is involved indicate the country associated with largest amount of United States dollar equivalent.

**Item 36. Additional Information.** Use this space for any additional comments that need to be made regarding the transaction or the persons involved in the transaction.

## Part III - Casino Reporting Transaction(s)

**Item 37. Casino's Trade Name.** Enter the "DBA" name of the 6A licensee as indicated on the casino's Nevada gaming license.

**Item 38. Casino's Legal Name.** Enter the legal name of the 6A licensee as indicated on the casino's Nevada gaming license.

**Item 39. Employer Identification Number (EIN).** Enter the casino's EIN.

**Items 40, 42, 43, 44, and 45. Address.** Enter the street address, city, state, and zip code of the location where the transaction occurred (e.g., casino address, branch office address). If the transaction occurred outside the United States, include the country code. Use two-letter abbreviations and codes for state and country. Include province code, if any, for foreign countries. Refer to instructions for item 11 for information about abbreviations.

**Item 41. Contact Telephone Number.** Enter the business telephone number, including area code, of an individual that is to be contacted regarding questions about this report.

**Item 46, 47 and 48. Name, Title and Signature of the Recorder/Handler and Date of Signature.** Print or type the name and title of the person who handled/recorded the transaction in Item 46. The handler/recorder signs the form in Item 47 and the date the form was signed is recorded in Item 48. Refer to instructions for Item 12 for format of date entry.

**Item 49, 50 and 51. Name, Title and Signature of the Reviewer and Date of Signature.** Print or type the name and title of the person who performed the accounting department review of the form in Item 49. The reviewer signs the form in Item 50 and the date the form was signed is recorded in Item 51. Refer to instructions for Item 12 for format of date entry.

**Paperwork Reduction Act Notice.** The requested information is useful in criminal, tax, and regulatory investigations and proceedings. Pursuant to Nevada Gaming Commission Regulation 6A (Reg. 6A), Nevada casinos classified as "6A licensees" are required to provide the requested information. Reg. 6A is administered by the Nevada Gaming Control Board and Nevada Gaming Commission. Nevada casinos comply with Reg. 6A in lieu of 31 U.S.C. 5313 and 31 CFR Part 103 based upon an exemption granted to the state of Nevada by the U.S. Department of the Treasury.

You are not required to provide the requested information unless the form displays a valid OMB number. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 19 minutes. If you have comments concerning the accuracy of this time estimate or suggestions to improve this form, you may write to the Financial Crimes Enforcement Network, Attn: Office of Regulatory Programs, Post Office Box 39, Vienna, VA 22183-0039. **Do not** send a completed form to this address. Instead, see **When and Where to File** above.

[FR Doc. 03-16012 Filed 6-24-03; 8:45 am]

BILLING CODE 4810-02-C

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

#### Proposed Collection; Comment Request for Notice 2003-38

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Notice and request for comments.

**SUMMARY:** The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Pub. L. 104-13 (44 U.S.C. 3506(c)(2)(A)). Currently, the IRS is soliciting comments concerning Notice 2003-38, Compliance Initiative for Foreign Corporations and Nonresident Aliens, with Related Document on Frequently Asked Questions.

**DATES:** Written comments should be received on or before August 25, 2003, to be assured of consideration.

**ADDRESSES:** Direct all written comments to Glenn P. Kirkland, Internal Revenue Service, room 6411, 1111 Constitution Avenue, NW., Washington, DC 20224.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of notice should be directed to Carol Savage at Internal Revenue Service, room 6407, 1111 Constitution Avenue, NW., Washington, DC 20224, or at (202) 622-3945, or through the Internet at [CAROL.A.SAVAGE@irs.gov](mailto:CAROL.A.SAVAGE@irs.gov).

#### SUPPLEMENTARY INFORMATION:

**Title:** Compliance Initiative for Foreign Corporations and Nonresident Aliens, with Related Document on Frequently Asked Questions.

**OMB Number:** 1545-1845.

**Notice Number:** Notice 2003-38.

**Abstract:** Notice 2003-38 explains a compliance initiative that is available to nonresident aliens and foreign corporations that have not filed timely income tax returns in accordance with the regulations under section 874(a) or 882(c)(2). The initiative is intended to encourage these taxpayers to file

required returns. In addition, the notice explains the procedures by which affected taxpayers may participate in the initiative.

**Current Actions:** There are no changes being made to the notice at this time.

**Type of Review:** Extension of a currently approved collection.

**Affected Public:** Individuals or households, and business or other for-profit organizations.

**Estimated Number of Respondents:** 200.

**Estimated Time Per Respondent:** 15 minutes.

**Estimated Total Annual Burden**

**Hours:** 50.

The following paragraph applies to all of the collections of information covered by this notice:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid OMB control number. Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

#### Request for Comments

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Approved: June 19, 2003.

**Glenn P. Kirkland,**

*IRS Reports Clearance Officer.*

[FR Doc. 03-16079 Filed 6-24-03; 8:45 am]

BILLING CODE 4830-01-P

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

#### Open Meeting of the Area 6 Taxpayer Advocacy Panel (Including the States of Alaska, Arizona, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming)

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Notice.

**SUMMARY:** An open meeting of the Area 6 Committee of the Taxpayer Advocacy Panel will be conducted (via teleconference).

**DATES:** The meeting will be held Monday, July 21, 2003.

**FOR FURTHER INFORMATION CONTACT:** Anne Gruber at 1-888-912-1227, or 206-220-6096.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given pursuant to section 10(a)(2) of the Federal Advisory Committee Act, 5 U.S.C. App. (1988) that an open meeting of the Area 6 Committee of the Taxpayer Advocacy Panel will be held Monday, July 21, 2003 from 2 p.m. PDT to 4 p.m. PDT via a telephone conference call. The public is invited to make oral comments. Individual comments will be limited to 5 minutes. If you would like to have the TAP consider an oral or written statement, please call 1-888-912-1227 or 206-220-6096, or write Anne Gruber, TAP Office, 915 2nd Ave., M/S W406, Seattle, WA 98174. Due to limited conference lines, notification of intent to participate in the telephone conference call meeting must be made with Anne Gruber. Ms. Gruber can be reached at 1-888-912-1227 or 206-220-6096.

The agenda will include the following: Various IRS issues.

**Note:** Last minute changes to the agenda are possible and could prevent effective advance notice.

Dated: June 19, 2003.

**Tersheia Carter,**

*Acting Director, Taxpayer Advocacy Panel.*

[FR Doc. 03-16080 Filed 6-24-03; 8:45 am]

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