SPECIFICATIONS FOR MAGNETIC MEDIA FILING

OF

SUSPICIOUS ACTIVITY REPORTS (SAR)

(FORM TDF 90-22.47)

REVISED JULY, 2003

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE

These Specifications for Magnetic Media Filing of Suspicious Activity Reports (Form TDF 90-22-47) were developed under the sponsorship of the following:

Department of the Treasury

Director, Financial Crimes Enforcement Network

Internal Revenue Service

Director, Detroit Computing Center

Table of Contents

Description	Page
Purpose	1
Application for Magnetic Media Reporting	1
Filing of Magnetic Media Reports General	1
Transmittal Process	1 1
Data Sequencing and Validation Criteria	2
Acceptance Procedures	2
Filing Dates	3
Receipt and Acknowledgment of Magnetic Media Files	3
Filing Corrected Reports	3
Magnetic Media Coordinator Contacts	3
General Specifications	
Cartridge Specifications	3
Diskette Specifications	3
Overview of file	4
Record Types (Input)	
Transmitter Summary (1A) Record	5
Parent Financial Institution (2A) Record	6
Financial Institution Branch (2B) Suspicious Activity (3A) Record	7 8
Suspect Information (4A) Record	11
Information Explanation /Description (6A) Record	14
Branch Summary (9A) Record	15
Parent Financial Institution Summary (9B) Record	16
File Summary (9Z) Record	17

Table of Contents (Continued)

Description	Page
Attachments	
Standard Country/State Abbreviations	18
Standard State Abbreviations	22
Zip Code Validation Table	23
Standard Abbreviations	25
Name Editing Instructions	27
Definition of Terms	28

Purpose

The purpose of this specification is to provide the requirements and conditions for filing Suspicious Activity Report (SAR), Form TDF 90-22.47 on magnetic media.

The magnetic media forwarded to the Detroit Computing Center (DCC) will be considered as a substitute for the paper document, provided the transaction is accepted by the DCC system. Receipt and acknowledgment of magnetic media is further discussed in a later section

These specifications apply to the program for the filing of SARs submitted on magnetic cartridge, or diskette.

Approval to participate in the magnetic media reporting program is contingent upon the filer following these steps:

- Review specifications
- File application to participate
- Satisfy Acceptance Testing Procedures
- Receive formal DCC approval
- File reports every two to four weeks (as required)
- Monitor quality

Continued participation in the Magnetic Media Program is contingent upon maintenance of quality standards and timely reporting.

Application for Magnetic Media Reporting

For purposes of these specifications, the FILER is the organization responsible for filing the SAR. The Financial Institution and transmitter may be the same or different organizations.

Filers are required to complete and send to the Internal Revenue Service Detroit Computing Center (DCC) an "Application for Magnetic Media Reporting of Currency Transactions" (Form DCC-4419).

The application should be filed with DCC as soon as possible after receipt of these specifications. DCC

will act on the application and notify the applicant of authorization to file. Magnetic media may not be filed with DCC until the applicant has received approval.

Approval of applications to file SARs on magnetic media will be contingent upon the applicant satisfactorily passing an acceptance test.

Filing of Magnetic Media Reports General:

DCC will advise magnetic filers when they may begin to file using magnetic media. This will be as early as possible after receipt of the application. Until this notification has been issued, magnetic media will not be accepted.

If files are unreadable due to format errors, etc., we will contact the transmitter by telephone to send a replacement for the file.

Any filer whose error rates remain at a high level on a continuing basis may risk being discontinued as a magnetic media filer.

Filers are required to retain a copy of the SAR data and all original supporting documentation or business record equivalent for five years from the date of the suspicious activity report. All supporting documentation must be made available to appropriate authorities upon request.

Transmittal Process:

Magnetic media files and transmittals are submitted to DCC. Form(s) DCC-4804 and DCC-4802 (for multiple filers), must accompany magnetic submissions. **DO NOT MAIL THE MEDIA AND THE TRANSMITTAL SEPARATELY**. DCC encourages the use of a substitute computer generated Form 4804 and/or Form 4802, which includes all information requested on the actual form. Substitute forms should follow the format of the transmittal form.

All submitted magnetic media files, must include the following:

- A Form 4804 or computer generated substitute.
- The magnetic media with an external identifying label.
- A statement on the outside of the shipping

container that says 'Attn: Tape Library Deliver unopened: SAR Magnetic Media. If there is only one container, mark the outside as 1 of 1. For multiple containers, include the sequence (e.g., 1 of 3, 2 of 3, etc.).

 DCC will not pay or accept 'Collect on Delivery' or 'Charged to IRS' shipments of SARs on magnetic media that an individual or organization is legally required to report.

Data Sequencing and Validation Criteria

The following data controls must be followed or the SAR magnetic media will be rejected. The data records must be in the following sequence:

• Transmitter (1A)

There can only be one of this record type and it must be the first record on the file.

• Financial Institution (2A)

There can be more than one of this record type depending on the number of different Financial Institutions, which are included on the file. This record type will immediately precede all records, which relate to the Financial Institution

• Suspicious Activity (3A)

There can be more than one of this record type on the file depending on the number of suspicious activities being reported for Financial Institution.

• Suspect Information (4A)

There can be more than one of this record type dependent on the number of persons involved in this suspicious activity.

• Narrative Description (6A)

There can be more than one of this record type depending on the length of the explanation given for the suspicious activity.

• Branch Summary (9A)

There should be one of these records on the file for each Financial Institution branch that is being reported.

• Financial Institution Summary (9B)

There must be one of this record type for each Financial Institution reporting. It must be the last record associated with the Institution.

• File Summary (9Z)

There must be one of these records on the file and it must be the last record on the file.

Acceptance Procedures

The Filer will be asked to provide a test file to DCC that is consistent with these requirements.

Final acceptance of the filer's test file will be as follows:

- The test data will consist of a set of reports, containing the data normally supplied by the filer.
- The test file should contain more than 25 reports.
- Upon receipt of the filer's test file DCC will test, review and provide feedback to the filer within ten working days.
- If 95% of the filer's test returns are error-free and the file is correctly formatted, final acceptance will be issued by DCC allowing the filer to participate in the Magnetic Media Program.
- When a test file is found to be incorrectly formatted or more than 5% of the filer's test returns contain errors, DCC will identify to the filer the type of errors encountered. A new set of test data should be forwarded to DCC. The filer is responsible for correcting their software to eliminate the identified errors and any related errors.
- If, after three attempts, the filer's test file continues to be unacceptable, the filer must confer with the SAR Magnetic Media Coordinator and develop an acceptable plan for correcting deficiencies before any further tests are allowed.
- Filers granted acceptance will be notified.
- When several filers use the same service bureau system, only one test file of magnetic returns is required to cover the acceptance of all participating filers.
- DCC will issue a Transmitter Control Code (TCC) to be used with all submissions of SARs.

Filing Dates

Filing using magnetic media will be on a continuous basis. Magnetic media must be prepared and submitted to DCC for processing no later than 30 calendar days after the date of initial detection of facts that may constitute a basis for filing a SAR. If no suspect was identified on the date of detection of the incident requiring the filing, a Financial Institution may delay filing a SAR for an additional 30 calendar days to identify a Suspect. In no case shall reporting be delayed more than 60 calendar days after the date of initial detection of a reportable transaction.

Receipt and Acknowledgment of Magnetic Media Files

SARs **will not be acknowledged** to the transmitter. Cartridges will be returned **with** the original data removed.

Filing Corrected Reports

If a SAR that was prepared and submitted on magnetic media must be corrected, you must file a complete corrected SAR as soon as possible. All fields must be completed with the correct information, NOT JUST THE DATA FIELDS NEEDING CORRECTION. Corrected SARs will be accepted on magnetic media. Corrected and Supplemental magnetically filed SARs must include the appropriate code indicator

Magnetic Media Coordinator Contacts

Direct all requests for Magnetic Media related publications or information to the following address:

SAR Magnetic Media Coordinator Internal Revenue Service 985 Michigan Ave. Detroit, MI 48226-2458 Phone Number (313) 234-2011 Fax Number (313) 234-1614

General Specifications

Cartridge Specifications:

These specifications define the file characteristics acceptable for magnetic media reporting. These characteristics must be adhered to unless specifically authorized by the DCC in writing.

All records should be fixed in length to the size specified for each record type. Usually DCC will be able to process a compatible cartridge file. The standard file characteristics are 18 or 36 track cartridges, EBCDIC, odd parity, 6250 BPI and standard labels. The standard data set name to be used on cartridges is ITFMP.SARMAG.TDF9.

Files must have the following attributes:

An external label must appear on each cartridge submitted for processing. The following information should appear on the label:

- The transmitters name
- Date of preparation
- A reel number assigned by the preparer that must match the reel number on the internal label (6 alpha numeric characters)
- Number of reels in file, including reel sequence number (i.e., 01 of 08)

Note: To allow better control processing of your files, uniquely numbered cartridge numbers must be transmitted when using multiple cartridges.

For the purposes of these specifications the following conventions must be used for internal labels:

Header Label

Standard headers provided they begin with 1HDR, HDR1, VOL1, VOL2, UHL1, or 'b LABEL'.

Consist of a maximum of 80 positions.

Trailer Label

Standard trailer labels may be used provided that they begin with 1EOR, 1EOF, EOR1, EOF1, EOV1, or EOV2.

Consist of a maximum of 80 positions.

Diskette Specifications:

These specifications define the file characteristics acceptable for diskette media reporting. These characteristics must be adhered to unless specifically authorized by DCC in writing.

All records should be fixed in length to the size specified for each record type.

Usually DCC will be able to process a compatible diskette file. The standard file characteristic is 3.5 inch diskette double sided/double density or double sided/high density. The standard data set name to be used on files is **SARMAG**.

All diskettes must be generated using MS-DOS on an IBM compatible personal computer in ASCII mode. All alphabetic characters must be in **upper case only.**

An external label must appear on each diskette submitted for processing. The following information should appear on the label:

- Transmitter's name
- Date of preparation
- Diskette sequence number (i.e., 01 of 03)
- Coverage beginning and ending dates
- Number of SAR records

The diskette records defined in these specifications should be unblocked 420 character records. The industry standard record delimiter for diskette data records is the two byte combination of 0D0A hexadecimal characters (carriage return, line feed).

Note: Diskettes will not be returned.

Overview of File

This file is an alternative to filing SARs on paper. If you file a transaction on MAGNETIC MEDIA DO NOT FILE a paper SAR for the same SAR.

All initial, corrected, supplemental and late report filings can be submitted on magnetic media.

SARs, which have missing or incomplete information, are considered original (initial) filings.

When information becomes available they should be replaced on magnetic media, include the corrected or supplemental indicator code.

All dates are to be in the format of **century**, year, month, day with month and day both **being right justified and zero filled.**

Money amounts **should be right justified and zero filled.** Enter dollar amounts only, all cents should be rounded up to the next higher dollar amount (i.e., \$10,000.01 should be reported as \$10001).

All name, address, and city fields are to be **left justified and space filled.**

All Alphabetic characters must be in upper case.

All name and address fields relating to SAR data must follow the Name Editing Conventions specified in the attachments.

Account numbers must NOT contain leading zeroes unless they are part of the actual account number.

All entries must be:

Left justified and space filled.

Do not include lower case characters in the file.

All 'Filler' fields should be space filled.

Do not use low values as a substitute for spaces.

Blank fields must be space filled.

Record Types (Input)

Transmitter (1A) Record - Required

The first record on each file is to be the transmitter record, which will contain information identifying the transmitter (person or organization handling the data accumulation and formatting). There will be only one Transmitter Record on each magnetic media file. Include the following data elements in this record:

Field Pos.	Field Name	Length	Description and Remark	
1-2	Record Type	2	Required. Enter `1A`.	
3-37	Transmitter Name	35	Required. Enter the name of the individual or organization that is transmitting the transactions on this file.	
38-67	Transmitter Address	30	Required. Enter the street address of the transmitter.	
68-92	Transmitter City	25	Required. Enter the city of the transmitter.	
93-94	Transmitter State	2	Required. Enter the transmitter state in abbreviated form. Use the country and state standard abbreviations in the attachments.	
95-103	Transmitter Zip Code	9	Required. Enter the transmitter zip code.	
104-106	Transmitter Area Code	3	Required. Enter the transmitter area code.	
107–113	Transmitter Telephone	7	Required. Enter the telephone number.	
114–148	Transmitter Contact	35	Required. Enter the name of an official contact for the transmitter.	
149–157	Transmitter Employer Identification Number (EIN)	PRequired. This must be the valid nine-digit number ass to the transmitter by IRS. Do not enter hyphens, slashed ALPHA characters, all 9's, or all zeroes.		
158–165	Coverage Beginning Date	8	Required. This will be the date of the earliest original transaction on the file. It is to be a numeric 8-digit field in format century, year, month, and day (ccyymmdd).	
166–173	Coverage Ending Date	8	Required. This will be the date of the latest original transaction on the file. It is to be a numeric 8-digit field in format century, year, month, and day (ccyymmdd).	
174–181	Transmitter Control Code	8	Required. This is the code assigned by the IRS. This code is also entered on Form 4804.	
182-409	Filler	228		
410	New Format Indicator	1	Required. Enter '4'.	
411–420	User Field	10		

Parent Financial Institution (2A) Record - Required

This record identifies information regarding the Parent Financial Institution. The number of Financial Institution records will depend on the number of different Financial Institutions that are included on the file. Include the following data elements in this record:

Field Pos	Field Name	Length	Description and Remarks
1-2	Record Type	2	Required. Enter '2A'.
3-37	Financial Institution Name	35	Required. Enter the Financial Institution's full legal name.
38-67	Institution Address	30	Required. Enter the address of the Institution. Do not abbreviate.
68-92	Institution City	25	Required. Enter the city where the Institution is located.
93-94	Institution State	2	Required. Enter the two (2) character state code from the standard state code abbreviations in the attachments.
95-103	Institution Zip Code	9	Required. Enter the zip code for the Institution.
104	Primary Federal Regulator	1	Required. Enter the Primary Federal Regulator as follows: A – Federal Reserve B – FDIC C – NCUA D – OCC E – OTS
105–113	Institution EIN	9	Required. Enter the EIN of the Parent Financial Institution.
114–410	Filler	297	
411-420	User Field	10	

Financial Institution Branch (2B) Record - Required

This record identifies information regarding the Financial Institution Branch where the activity occurred. The number of Financial Institution records will depend on the number of branches the Financial Institution is reporting on the magnetic media file. Include the following data elements in this record:

Field Pos	Field Name	Length	Description and Remarks
1 -2	Record Type	2	Required. Enter '2B'.
3-9	Branch Code	7	Required. Enter branch number for the submitting Branch. Right justify and zero fill.
10-39	Branch Office Address	30	Required. Enter the branch office address.
40-64	Branch Office City	25	Required. Enter the city where the branch office city.
65-66	Branch Office State	2	Required. Enter the two (2) character state code from the standard state code abbreviations in the attachments.
67-75	Branch Office Zip Code	9	Required. Enter the zip code for the branch office (US only).
76-77	Branch Office Country Code	2	From the attachment, select the appropriate country code (if not the US).
78-85	Institution Closed Date	8	Required. Date Institution closed (if closed). It is to be a numeric eight (8) digit field in the format century, year, month, day (CCYYMMDD).
86-120	Contact Name	35	Name of the contact person.
121-160	Contact Title	40	Title of the contact person.
161-163	Contact Area Code	3	Area code of contact person.
164-170	Contact Phone Number	7	Phone number of contact person.
171-205	Contact Institution/Agency	35	Name of the Agency (if not filed by Financial institution).
206-410	Filler	205	
411-420	User Field	10	

Suspicious Activity (3A) Record - Required

This record identifies and describes the suspicious activity report. It occurs one time per suspicious activity. Include the following data elements in this record:

Field Pos	Field Name	Length	Description and Remarks	
1-2	Record Type	2	Required. Enter '3A'.	
3-9	Branch Code	7	Required. Enter the Branch Number for the submitting Branch. Right justify and zero fill.	
10-14	Transaction Sequence Number	5	Required. Enter a sequential number starting with 00001 and increment by 1 for each suspicious transaction (3A) record.	
15-36	Account Number 1	22	Account Number affected, if any.	
37	Account Closed Indicator	1	Enter 'A' for Yes or a 'B' for No.	
38-59	Account Number 2	22	Additional account number affected.	
60	Account2 Closed Indicator	1	Enter 'A' for Yes or a 'B' for No.	
61-82	Account Number 3	22	Additional account number affected.	
83	Account3 Closed Indicator	1	Enter 'A' for Yes or a 'B' for No.	
34-105	Account Number 4	22	Additional account number affected.	
106	Account4 Closed Indicator	1	Enter 'A' for Yes or a 'B' for No.	
107-115	Law Enforcement Agencies Advised	9	Enter the appropriate codes from the list below of the Law Enforcement Agencies that have already been advised (maximum of 9). A = DEA B = FBI C = IRS D = Postal Inspection E = Secret Service F = US CUSTOMS G = Other Federal H = State I = Local	
116-150	Law Enforcement Agency Name	35	Enter the name of the Law Enforcement Agency already contacted (for G, H, or I Enforcement Agency Codes.	
151-185	Law Enforcement Contact Person 1	35	Enter the name of person 1 contacted at Law Enforcement Agency.	

Suspicious Activity (3A) Record - Continued

Field Pos	Field Name	Length	Description and Remarks
186-188	Law Enforcement Agency Phone Number Area Code	3	Enter the area code of the enforcement agency contact person 1.
189-195	Law Enforcement Agency Phone Number	7	Enter the phone number of the Enforcement Agency contact person 1.
196-230	Law Enforcement Agency Contact Person 2	35	Enter the name of person 2 contacted at Law Enforcement Agency.
231-233	Law Enforcement Agency Phone Number Area Code	3	Enter the area code of the enforcement agency contact person 2.
234-240	Law Enforcement Agency Phone Number	7	Enter the phone number of the enforcement agency contact person 2.
241-248	From Violation Date	8	Enter the from date of the violation, CCYYMMDD format. Only enter if a range of dates. If only one date, enter here.
249-256	To Violation Date	8	Enter the to date of the violation. CCYYMMDD format. Only enter if a range of dates.
257-266	Violation Amount	10	Enter the dollar amount involved in known or suspected violation.
267-276	Violation Type	10	A maximum of 10 violation types as follows: A = BSA B = Bribery/Gratuity C = Check Fraud D = Check Kiting E = Commercial Loan Fraud F = Computer Intrusion G = Consumer Loan Fraud H = Counterfeit Check I = Counterfeit Credit/Debit Card J = Counterfeit Instrument K = Credit Card Fraud L = Debit Card Fraud M = Defalcation/Embezzlement N = False Statement O = Misuse of Position or Self-Dealing P = Mortgage Loan Fraud Q = Mysterious Disappearance R = Wire Transfer Fraud S = Other T = Terrorist Financing U = Identity Theft

Suspicious Activity (3A) Record - Continued

Field Pos	Field Name	Length	Description and Remarks	
277-316	Violation Type Other	40	If other Violation Type indicated, describe the violation.	
317-326	Amount of Loss	10	Dollar Amount of Loss prior to recovery (if applicable).	
327-336	Amount of Recovery	10	Dollar Amount of Recovery (if applicable).	
337	Material Impact Indicator	1	Has the suspected violation had a material impact on or otherwise affected the soundness of the institution:	
			A = Yes	
			B = No	
338	Bonding Company	1	Has the institution's bonding company been notified:	
	Notified		A = Yes	
			B = No	
339-346	Prepared Date	8	Date Report Prepared. CCYYMMDD format.	
347-348	Number of Suspects	2	Required. Number of Suspect Records. Must be equal to the number of Suspect 4A Records.	
349-350	Number of Explanation/Description Records	2	Required. Number of Explanation/Description Records. Must be equal to the number of Explanation/Description 6A Record	
351	Multiple Branch Code	1	If the suspicious activity took place at multiple branches, enter 'X'. Include the specific branch information in the narrative Par V.	
352	Corrects Prior Report Indicator	1	Required. Enter 'X' if corrects prior report.	
353	Suspect Information Unavailable	1	Enter 'X' if all the suspect information is unavailable. If this box is checked, there will be no 4A record.	
354-410	Filler	57		
411-420	User Field	10		

Suspect Information (4A) Record - Required

This record contains information related to the Suspect's identity. There can be more than one of these records if there are multiple Suspects for the same suspicious activity.

Field Pos	Field Name	Length	Description and Remarks
1-2	Record Type	2	Required. Enter "4A".
3-9	Branch Code	7	Required. Enter the branch number for the submitting branch.
10-14	Transaction Sequence Number	5	Required. Enter the transaction sequence number from the associated 3A Record.
15-49	Suspect's Name	35	Enter the name of the Suspect in the format last name/first name/middle initial. Left justified and space filled. Follow the Name Editing Conventions shown in the attachment.
50-79	Suspect's Address	30	Enter the street address of the suspect. Left justified and space filled.
80-104	Suspect's City	25	Enter the suspect's city. Left justified and space filled.
105-106	Suspect's State	2	From the attachment, select the appropriate state code for the suspect.
107-115	Suspect's Zip Code	9	Enter the zip code for the suspect.
116-117	Suspect's Country	2	From the attachment, select the appropriate country code.
118-126	Suspect's TIN	9	Enter the SSN/TIN of suspect.
127-134	Suspect's Date of Birth	8	Enter suspect's date of birth. It is to be a numeric eight-digit field in the format century, year, month, day (CCYYMMDD).
135-137	Suspect's Area Code	3	Enter suspect's residence area code.
138-144	Suspect's Phone Number	7	Enter suspect's residence telephone number.
145-147	Suspect's Work Area Code	3	Enter suspect's work area code.
148-154	Suspect's Work Phone No.	7	Enter suspect's work telephone number.
155-184	Suspect's Occupation	30	Enter the occupation, profession, or business of the suspect (i.e. attorney, securities broker, auto dealer, etc.).

Suspect Information (4A) Record - continued

Field Pos	Field Name	Length	Description and Remarks
185	Suspect's Identification	1	Enter the appropriate code for the method by which the individual's identity was verified. A - Drivers' License/State Id B - Passport C - Alien Registration D - Other Identification
186-225	Suspect's ID Other Description	40	If 'D - Other' enter the description of Identification.
226-247	Suspect's Identification Number	22	Enter the number used for identification.
248-249	Suspect Issuing Authority	2	Enter the appropriate code to designate the state/country where the identification was issued.
250-253	Suspect's Relationship	4	Enter the appropriate code(s) from the list below of the suspect's relationship to the Financial Institution. Include only the first four (4) applicable items. Left justify and space fill if less than four (4) items. B – Agent C – Appraiser D – Attorney E – Borrower F – Broker G – Customer H – Director I – Employee J – Officer K – Shareholder L – Other
254-293	Suspect's Relationship Other	40	If 'L – Other' indicated above, enter the description of relationship to Financial Institution.
294	Suspect's Affiliation	1	Suspect's Relationship is an insider relationship. Enter the appropriate code from the list below: A – Yes B – No
295	Suspect's Relationship	1	If Suspect Relationship is an insider, enter the appropriate code from the list below: C – Still Employed at Financial Institution D – Suspended E – Terminated F – Resigned
296-303	Suspect Termination Date	8	If 'D, E, or F' indicated above, enter the date action taken. It is to be a numeric eight digit field in format century, year, month, day (i.e. 19970831)
304	Suspect Admission/Confession Indicator	1	Enter the appropriate code: A – Yes B – No

Suspect Information (4A) Record – continued

Field Pos	Field Name	Length	Description and Remarks
305-410	Filler	106	
411 - 420	User Filed	10	

Information Explanation/Description (6A) Record - Required

This record contains a detailed Explanation/Description of known or suspected violation of law. This record may occur multiple times. Include the following data elements in this record:

Field Pos.	Field Name	Length	Description and Remarks
1-2	Record Type	2	Required. Enter "6A".
3–9	Branch Code	7	Required. Enter the branch number for the submitting branch.
10-14	Transaction Sequence	5	Required. Enter the transaction sequence number from the associated 3A Record.
15-410	Explanation/Description	396	Enter a detailed Explanation/Description of the Suspicious Activity. Upper case characters only. Do not use low values or special characters.
411-420	User Field	10	

Branch Summary (9A) Record - Required

This record is required. There should be one of these records on the file for each Financial Institution branch that is being reported. This record contains counts of the number of each type of record associated with the branch. Include the following data elements in these records:

Field Pos.	Field Name	Length	Description and Remarks
1-2	Record Type	2	Required. Enter `9A'.
3-9	Branch Code	7	Required. Enter the branch number for the submitting branch. Right justify and zero fill.
1-16	Suspicious Activity Count	7	Required. Enter a count of the number of Suspicious Activity Records (3A) for the branch.
17- 3	Suspect Record Count	7	Required. Enter the number of Suspect (4A) records for the branch.
24-30	Explanation/Description	7	Required. Enter the number of description/Explanation (6A) records for the branch.
31-410	Filler	380	
411-420	User Field	10	

Parent Financial Institution Summary (9B) Record - Required

There should only be one of these records on the file for each Financial institution that is being reported. This record is to follow the last reported Financial Institution (Branch) '9A' Summary Record for the Financial institution. This record contains counts of the number of each type record associated with the Financial institution. Include the following data elements for these records:

Field Pos.	Field Name	Length	Description and Remarks
1-2	Record Type	2	Required. Enter `9B'.
3-9	Branch Record Count	7	Required. Enter count of Branch Records for the Financial Institution.
10-16	SAR count	7	Required. Enter count of SARs for the Financial Institution.
17-23	Suspect Record Count	7	Required. Enter count of Suspect Records for the Financial Institution.
24-30	Explanation/Description Count	7	Required. Enter count of explanation/description Records for the Financial Institution.
31-410	Filler	380	
411-420	User Field	10	

File Summary (9Z) Record - Required

There should only be one of these records on the file and it must be the very last record on the file. This record contains counts of the number of the various record types, which are on the file. These records should contain the following data elements:

Field Pos.	Field Name	Length	Description and Remarks
1-2	Record Type	2	Required. Enter `9Z'.
3-9	Parent Financial Institution Record Count	7	Required. Enter count of Parent Financial Institution Records.
10-16	Branch Transaction Records	7	Required. Enter count of Branch Financial Institution Records.
17-23	SAR Count	7	Required. Enter count of SARs.
24-30	Suspect Record Count	7	Required. Enter count of Suspect Records.
31-37	Explanation/Description Counts	7	Required. Enter count of Explanation/Description Records.
38-410	Filler	373	
411-420	User Field	10	

Attachments - Standard Country/State Abbreviations

Country/State	<u>Code</u>	Country/State	Code
Afars & Issas (French)	FT	Canada	CA
Afghanistan	AF	<u>States</u>	
Albania	AL	Alberta	AB
Algeria	AG	British Columbia	BC
Andorra	AN	Manitoba	MB
Angola	AO	New Brunswick	NB
Anguilla	AV	New Foundland	NF
Antarctica	AY	(Incl. Labrador)	
Antigua (Barbuda & Redonda)	AC	Nova Scotia	NS
Antilles, Netherlands	AE	Ontario	ON
Argentina	AR	Prince Edward Is.	PE
Armenia	AM	Quebec	PQ
Aruba	AW	Saskatchewan	SN
Ashmore & Cartier Is.	AT	Yukon Terr.	YT
Australia	AS	Northwest Terr.	NT
Austria	AÜ	Cape Verde Island	CV
Azerbaijan	AJ	Cayman Islands	ĊĴ
Bahamas	BF	Czech Republic	CP
Bahrain	BA	Central African Republic	CT
Baker Island	FQ	Chad	CD
Bangladesh	BG	Channel Islands	OC
Barbados	BB	Chile	CI
Bassas Da India	BS	China (Mainland)	CH
Belgium	BE	China (Taiwan)	TW
Belize	BH	Christmas Islands	KT
Benin (Dahomey)	DM	Clipperton Island	IP
Bermuda	BD	Cocos Islands	CK
Bhutan	BT	Columbia	CO
Bodnia & Hercegovina	BK	Comoros Is.	CN
Bolivia	BL	Congo (Brazzaville)	CF
Bosnia	BK	Congo (Zaire)	CG
Botswana	BC	Cook Is.	CW
Bouvet Is.	BV	Coral Sea Is. (Terr.)	CR
Brazil	BR	Costa Rica	CS
	VI		HR
British West Indias		Croatia	
British West Indies	BW	Cuba	CU
Brunei	BX	Cyprus North (Turkish)	CY
Bulgaria	BU	Cyprus - North (Turkish)	CX
Burkina Faso, Upper Volt	HV	Czechoslovakia	CZ
Burma	BM	Denmark	DA
Burundi	BY	Djibouti (Formerly Afars & Issas)	DJ
Byelarus	ВО	Dominica	DO
Cameroon	CM	Dominican Republic	DR
Cambodia	СВ	Dronning Maud Land	NQ
		East Germany	GC

Attachments - Standard Country/State Abbreviations (continued)

Country/State	<u>Code</u>	Country/State	Code
East Timor	TR	Howland Island	HQ
	EC		HU
Ecuador		Hungary	IC
Egypt	EG	Iceland	
El Salvador	ES	India	IN
England	UK	Indian Ocean Area French	X9
Equatorial Guinea	EK	Indian Ocean Terr. British	IB
Eritrea	ER	Indonesia	ID
Estonia	EN	Iran (Persia)	IR
Ethiopia	ET	Iraq	ΙZ
Europa Island	EU	Iraq-Saudi Arabia,	IY
European Communities	EE	Neutral Zone	
Faroe Is.	FO	Ireland	El
Falkland Is. (Islas Malvinas)	FA	Isle of Man	IM
Fiji ,	FJ	Israel	IS
Finland	FI	Italy	IT
France	FR	Ivory Coast	IV
French Guiana	FG	Jamaica	JM
French Polynesia	FP	Jan Mayen	JN
French Southern &	FS	Japan	JA
Antarctic Lands	1.0	Jarvis Island	DQ
French West Indies	FW	Jersey	JE
Gabon	GB	Jordan	JO
Gambia, The	GA	Juan De Nova Island	JU
	GZ		CB
Gaza Strip	GC GC	Kampuchea Kazakhstan	KZ
Germany & Berlin (East)			
Germany	GE	Kenya	KE
Georgia	GG	Kingman Reef	KQ
Ghana	GH	Kiribati Is.	KI
Gibraltar	GI	Korea, People's Republic	KN
Gilbert Island	GS	Korea, Republic of South	KS
Glorioso Islands	GO	Kuwait	KU
Great Britain	UK	Kyrgyzstan	KG
Greece	GR	Laos, Peoples Dem. Republic	LA
Greenland	GL	Latvia	LG
Grenada	GJ	Lebanon	LE
Guadeloupe	GP	Lesotho	LT
Guatemala	GT	Liberia	LI
Guernsey	GK	Libya	LY
Guinea	GV	Line Is.	CL
Guinea Bissau	GU	Liechtenstein	LS
Guyana	GY	Lithuania	LH
Haiti	HA	Luxembourg (AKA Luxemburg)	LU
Heard & McDonald Islands	HM	Macao (ARX Editerributy)	MC
Holland	NL	Macedonia	MK
Honduras	HO	Madagascar	MA
			MS
Hong Kong	HK	Malagasy	IVIO

Attachments - Standard Country/State Abbreviations (continued)

Country/State	Code	Country/State	Code
Malawi	MI	Micronesia, Federated State	FM
Malaysia	MY	Moldova	MD
Maldives	MV	Monaco	MN
Mali	ML	Mongolia	MG
Malta	MT	Montenegro	MJ
Martinique	MB	Montserrat	MH
Mauritania	MR	Morocco	MO
Mauritius	MP	Morocco (Spanish)	ME
Mayotte	MF	Mozambique	MZ
Mexico	MX	Myanmar, Burma	MQ
State	AG	Namibia (SW Africa)	WA
Aguascalientas	BA	Nauru	NR
Baja, Calif. (Terr. North) Baja Calif. (Terr. South)	BJ	Navassa Island	BQ NP
Campeche	CE	Nepal	NP NA
Chiapas	CI	Netherlands (Antilles)	NA NL
Chihuahua	CH	Netherlands (Holland) Neutral Zone, S Iraq/Arabia	NT NT
Coahuila de Zaragoza	CU	New Caledonia	NC
Colima	CL	New Hebrides	NH
Distrito	DF	New Zealand	NZ
Durango	DO	Nicaragua	NU
Guanajuato	GÜ	Niger	NG
Guerrero	GR	Nigeria	NI
Hidalgo	HL	Niue	NE
Jalisco	JL	Norfolk Island	NF
Mexico (State)	MX	Norway	NO
Michoacan de Ocampo	MC	Oman (Muscat)	MU
Morelos	MR	Pakistan	PK
Nayarit	NA	Palau	PW
Nuevo Leon	NL	Panama	PN
Oaxaca	OA	Palestinian Autonomous Area	PS
Puebla	PB	Papua-New Guinea	PP
Queretaro de Arteaga	QU	Paracel Islands	PF
Quintana Roo	QR	Paraguay	PA
San Luis Potosi	SL SI	Peru	PE
Sinaloa	SO SO	Philippines	RP
Sonora Tabasco	TB	Pitcairn Island	PC
Tamaulipas	TA	Poland	PL
Tlaxcala	TL	Portugal Portuguese Timor	PO PT
Veracruz-Llave	VC	Qatar	QA
Yucatan	Ϋ́Ū	Reunion	RE
Zacatecas	ZA	Rhodesia (Zimbabwe)	RH
	<u> </u>	Romania	RO
		Russia	RS
		1	

Attachments - Standard Country/State Abbreviations (continued)

Country/State	<u>Code</u>	Country/State	<u>Code</u>
St. Kitts & Nevis	SC	Rwanda	RW
St. Helena	SH	Turkey	TU
St. Lucia	ST	Turkmenistan	TX
St. Pierre & Miguelon	SB	Turks & Caicos Is.	TK
St. Vincent & Grenadines	VC	Tuvalu (Ellice Is.)	TV
San Marino	SM	Uganda	UG
Sanya (Yemen)	YE	Ukraine	UP
Sao Tome & Principe	TP	Ukranian	UA
Saudi Arabia	SA	UK Indian Ocean Territory	IO
Scotland	UK	Union of Soviet Republics	UR
Senegal	SG	United Arab Emirates	TC
Serbia	SJ	(UAE) (Trucial States)	
Seychelles	SE	United Abrab Republic (Egypt)	EG
Sierre Leone	SL	United Kingdom (England,	UK
Sikkim	SK	Great Britain, Scotland, Wales)	
Singapore	SN	United Nations	UN
Slovakia	SQ	United States	US
Slovenia	SI	Upper Volta	UV
Solomon Island	BP	Uruguay	UY
Somalia	SO	Uzbekistan	UZ
South Africa	SF	Vanuatu	VU
Soviet Union (USSR, Russia)	UR	Vatican City	VT
Spain	SP	Venezuela	VE
Spanish Sahara	SS	Vietnam	NM
Spratley Islands	PG	Vietnam (North)	VN
Sri Lanka (Ceylon)	CE	Virgin Islands (British)	VI
St. Kitts & Nevis	SC	Wales	UK
St. Helena	SH	Wallis & Futuna	WF
St. Lucia	ST	West Bank	WE
St. Pierre & Miquelon	SB	West Berlin	WB
St. Vincent & Grenadines	VC	West Germany	GE
Sudan	SU	West Indies French	XQ
Suriname	NS	Western Sahara	WI
Svalbard	SV	Western Samoa	WS
Swaziland	WZ	Yemen (Aden) (South)	YS
Sweden	SW	Yemen Republic of (Sabaa)	YM
Switzerland	SZ	Yemen (San'A) (North)	YE
Syria	SY	Yugoslavia	YO ZR
Taiwan	TW	Zaire Zambia	ZA
Tajikistan	TT	Zimbabwe	ZA
Tanzania Theiland	TZ TH	Unknown	XX
Thailand		Various (more than one)	XV
Togo Tokelau Islands	TO TL	various (more man one)	Λν
	TN		
Tonga Trinidad & Tobago	TD		
Tunisia	TS		
Tuttisia	10		

Attachments - Standard State Abbreviations

<u>State</u>	<u>Code</u>
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR CA
California Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
lowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA MI
Michigan Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA

<u>State</u>	<u>Code</u>
Rhode Island South Carolina	RI SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

TERRITORIES

State	Code
American Samoa	AS
Federated States of Mrcronesia	FM
Guam	GU
Marshall Islands	MH
Northern Mariana Islands	MP
Palau Island	PW
Puerto Rico	PR
Virgin Islands	VI

Note: The above Territories are considered States for SAR processing. Code the Territory in the state field and 'US' in the country field.

Attachments - Zip Code Validation Table

The following table is used to validate all zip-code fields. The table consists of the first three digits of the valid zip-code range by state. Therefore, if a zip-code falls within the given range for the state indicated, it is considered valid. Otherwise an error code will be issued. Consult the U.S. Postal Service Zip-Code Directory to resolve any conflicts between state and zip-codes.

<u>State</u>			<u>State</u>		
Abbrev.	State \	/alid Range	Abbrev.	State	Valid Range
AL	Alabama	350 - 369	NY	New York	090 - 149 ***
AK	Alaska	995 - 999			
AS	American Samoa	967 - 967	NC	North Carolina	269 - 289
ΑZ	Arizona	850 - 865	ND	North Dakota	580 - 588
AR	Arkansas	716 - 729 & 755	MP	Northern Mariana	ls. 969 - 969
CA	California	900 - 966	OH	Ohio	430 - 458
CO	Colorado	800 - 816	OK	Oklahoma	730 - 749
CT	Connecticut	060 - 069	OR	Oregon	970 - 979
DE	Delaware	197 - 199	PW	Palau Island	969 - 969
DC	District of Columbia	200 - 205	PA	Pennsylvania	150 - 196
FM	Federated States of	969 -969	PR	Puerto Rico	006- 009
	Micronesia		RI	Rhode Island	028 - 029
FL	Florida	320 - 349 **	SC	South Carolina	290 - 299
GA	Georgia	300 - 319	SD	South Dakota	570 - 577
GU	Guam	969 - 969	TN	Tennessee	370 - 385
HI	Hawaii	967 - 968	TX	Texas	750 - 799 & 885
ID	Idaho	832 - 838	UT	Utah	840 - 847
IL	Illinois	600 - 629	VT	Vermont	050 - 059
IN	Indiana	460 - 479	VA	Virginia	220 - 246 & 201
IA	lowa	500 - 528	VI	Virgin Islands	008 - 008
KS	Kansas	660 - 679	WA	Washington	980 - 994
KY	Kentucky	400 - 427	WI	Wisconsin	530 - 549
LA	Louisiana	700 - 714	WV	West Virginia	247 - 268
ME	Maine	039 - 049	WY	Wyoming	820 - 831
MH	Marshall Islands	969 - 969		, ,	
MD	Maryland	206 - 219			
MA	Massachusetts	010 - 027 & 055	** FI	- 343 345 and 3	348 are not valid.
MI	Michigan	480 - 499	• •	_	040 are riot valia.
MN	Minnesota	550 - 567	*** NI	V Includes 004	Westchester and
MS	Mississippi	386 - 397	IN		
MO	Missouri	630 - 658		063 Fishers Is	iana.
MT	Montana	590 - 599			
NE	Nebraska	680 - 693			
NV	Nevada	889 - 898			
NH	New Hampshire	030 - 038			
NJ	New Jersey	070 - 089			
NM	New Mexico	870 - 884			

Zip Code Validation Table Continue

MILITARY 'STATE'

<u>State</u>	<u>Valid Range</u>
Armed Forces Africa	090 - 098
Armed Forces Americas (except Canada)	340 - 340
Armed Forces Canada	090 - 098
Armed ForcesEurope	090 - 098
Armed ForcesMiddle East Armed ForcesPacific	090 - 098 962 - 966
	Armed Forces Africa Armed Forces Americas (except Canada) Armed Forces Canada Armed ForcesEurope Armed ForcesMiddle East

Attachments – Standard Abbreviations

<u>Word</u>	<u>Abbreviation</u>	<u>Word</u>	Abbreviation
Accounting	ACCTG	General	GEN
Accounts	ACCTS	Government	GOVT
Administration	ADMIN	Group	GRP
Air Force Base	AFB	Headquarters	HDQTRS
Apartment	APT	Highway	HWY
American	AMER	Hospital	HOSP
Associates	ASSOC	Incorporated	INC
Association	ASSN	Industry(ies)	INDUST
Avenue	AVE	Information	INFO
Bank	BK	Institute, Casino or Card Club	INST
Banking	BKG	Insurance	INS
Branch	BR	International	INT
Broadway	BWY	Lane	LN
Building	BLDG	Limited	LTD
Casualty	CASLTY	Management	MGMT
Center	CTR	Manufacturers	MFTRS
Certificate	CERT	Manufacturing	MFG
Certificate of Deposit	CD	Market	MKT
Circle	CRL	Municipal	MUN
Commerce	CMRC	Mutual	MUTL
Commission	COMM	National	NAT
Company	CO	Northeast	NE
Comptroller	COMPT	Northern, North	NO
Consolidated	CONS	Northwest	NW
Construction	CONST	Organization	ORG
Corporation	CORP	Park	PK
Cooperative	COOP	Place	PL
County	CNTY	Plaza	PLZ
Court	CT	Post Office	PO
Credit Union	CU	Railroad	RR
Department	DEPT	Realty	RLTY
Deposit	DEP	Road	RD
Distributor, Distributing,	DISTB	Room	RM
District	DIST	Route	RT
Division	DIV	Savings	SAV
Drive	DR	Savings and Loan	SL
East, Eastern	Е	Security	SEC
Electrical	ELEC	Service	SERV
Exchange	XCHG	Southeast	SE
Federal	FED	Southern, South	SO
Federal Credit Union	FCU	Southwest	SW
Finance	FIN	Street	ST
Financial	FINCL	Suite	STE
First National Bank	FNB	Transportation	TRANS
Foreign	FORGN	Trust	TR
•		ı	

Standard Abbreviations Continue

<u>Word</u>	<u>Abbreviation</u>
University	UNIV
US Air Force	USAF
US Army	USA
US Coast Guard	USCG
US Marine Corps	USMC
US Navy	USN
Village	VLGE
Western, West	W

Note:

All abbreviations listed may be changed from singular to plural, and vice versa, by the addition or deletion of the letter 's'.

Attachments - Name Editing Instructions

- A. Delete any titles, prefixes, suffixes or other descriptive information such as Mr., Mrs., Dr., Reverend, Partner, or Trustee. Do not delete suffixes that distinguish family members such as Jr., Sr., III or IV. Suffixes should be edited to follow the middle initial (e.g. Doe\ John\L Jr).
- Delete all punctuation (e.g., 'JR.' would be submitted as 'JR').
- C. Do not use the following words in fields:
 - a. THE
 - b. SEE ABOVE
 - c. SAME AS ABOVE
 - d. SAME
 - e. COMPUTER GENERATED
 - f. SIGNATURE CARD
 - g. NONE
 - h. NON CUSTOMER
 - i. CUSTOMER
 - j. T/A
 - k. VARIOUS
 - I. OTHER
 - m. N/A
 - n. UNKNOWN

- D. Spanish surnames. Care must be taken in formatting Spanish surnames as the names are usually written in the order of first name, father's last name, and then mother's last name, i.e., Juan Vega Santiago. The father's last name, Vega would be used as the last name; however, both last names should be retained. Example: Vega/Santiago/Juan.
- E. Place a slash ('/') before each name (including suffixes) except the first surname (e.g., White/Elizabeth/A) but not between compound names such as 'Van Gogh'.
- F. If only the surname of an individual is present, then place a slash after it (e.g., <u>Jones/</u>).
- G. If a non-individual is listed, do not enter slashes between names. Delete the word, 'The' whenever it appears.
- H. If an organization has a separate "doing business as" (DBA) name, enter the organization's legal and business names (e.g., "Smith Enterprises, Inc., DBA Smith Casino Tours").

Attachments - Definition of Terms

Account The customer's account **Number** as related to the transaction being reported, if any.

Corrected A report that is used to correct a **Report** that was previously filed.

Currency For SAR purposes, currency is the coin and paper money of the United States or any

country, which is circulated and customarily used and accepted as money.

DBA Doing Business As

DCC The Detroit Computing Center

EIN Employer Identification Number

File For purposes of this procedure, a file consists of all magnetic cartridge or diskette records

submitted by a transmitter.

Resolution Code

SAR

Code which signifies who is to receive the correspondence relation to transactions.

A Suspicious Activity Report by Financial Institution (Form TDF 90.22-47).

SSN Social Security Number

Suspect For SAR purposes, a suspect is a person with questionable/suspicious activities.

Transactor A person(s) who conducts a transaction.

Transmitter Person(s) or organization(s) who prepare the magnetic tape files.

Transmitter Control

Code (TCC)

An eight-character number assigned by DCC to the transmitter prior to actual reporting on magnetic media. This code is inserted in most records of your files and must be present before the file can be processed. An Application for Magnetic Media Reporting must be filed with DCC to receive this number.