

TD F 90-22.1

(Rev. 7/00) SUPERSEDES ALL PREVIOUS EDITIONS

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do **NOT** file with your Federal Tax Return



OMB No.1506-0009

1 Filing for Calendar Year

Y Y Y Y

2 Type of Filer

a Individual b Partnership c Corporation d Fiduciary

see note #1

3 Taxpayer Identification Number

Filer Information

4 Last Name or Organization Name

5 First Name

6 Middle Initial

7 Address (Number, Street, and Apt. or Suite No.)

8 Date of Birth

M M D D Y Y Y Y

9 City

10 State

11 Zip/Postal Code

12 Country

13 Title (Not necessary if reporting a personal account.)

14 Are these accounts jointly owned?

a Yes b No

15 Number of joint owners

16 Taxpayer Identification Number of joint owner (if known)

17 Last Name or Organization Name

18 First Name

19 Middle Initial

Information on Financial Accounts

20 Number of Foreign Financial Accounts in which a financial interest is held

see note #2

21 Type of account

a Bank b Securities c Other

22 Maximum value or account

a Under \$10,000 b \$10,000 to \$99,999 c \$100,000 to \$1,000,000 d Over \$1,000,000

23 Account Number or other designation

see note #3

24 Name of Financial Institution with which account is held

25 Country in which account is held

26 Does the filer have a financial interest in this account?

a Yes b No If no, complete boxes 27-35.

27 Last Name or Organization Name of Account Holder

28 First Name

leave blank

29 Middle Initial

leave blank

30 Taxpayer Identification Number

see note #4

31 Address (Number, Street, and Apt. or Suite No.)

see note #5

32 City

33 State

34 Zip/Postal Code

35 Country

36 Signature

37 Date

M M D D Y Y Y Y

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations (31 CFR 103). No report is required if the aggregate value of the accounts did not exceed \$10,000. **SEE INSTRUCTIONS FOR DEFINITION.** File this form with:

U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621.

PRIVACY ACT NOTIFICATION

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 522a(e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 103. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 103. The Social Security number will be used as a means to identify the individual who files the report.

Continuation Page

Form TD F 90-22.1

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for Calendar Year Y Y Y Y	3 Taxpayer Identification Number	4 Filer Last Name or Business Name	Page Number
			OF

2 Type of Filer a <input type="checkbox"/> Individual c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary	21 Type of Account a <input type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000
--	--	---

23 Account Number, or other designation	24 Name of Financial Institution with which account is held
---	---

25 Country in which account is held	26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner
-------------------------------------	--	--

28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)
---------------	-------------------	-----------------------------------	--

32 City	33 State	34 Zip/Postal Code	35 Country
---------	----------	--------------------	------------

2 Type of Filer a <input type="checkbox"/> Individual c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary	21 Type of Account a <input type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000
--	--	---

23 Account Number, or other designation	24 Name of Financial Institution with which account is held
---	---

25 Country in which account is held	26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner
-------------------------------------	--	--

28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)
---------------	-------------------	-----------------------------------	--

32 City	33 State	34 Zip/Postal Code	35 Country
---------	----------	--------------------	------------

2 Type of Filer a <input type="checkbox"/> Individual c <input type="checkbox"/> Corporation b <input type="checkbox"/> Partnership d <input type="checkbox"/> Fiduciary	21 Type of Account a <input type="checkbox"/> Bank c <input type="checkbox"/> Other b <input type="checkbox"/> Securities	22 Maximum value of account a <input type="checkbox"/> Under \$10,000 c <input type="checkbox"/> \$100,000 to \$1,000,000 b <input type="checkbox"/> \$10,000 to \$99,999 d <input type="checkbox"/> Over \$1,000,000
--	--	---

23 Account Number, or other designation	24 Name of Financial Institution with which account is held
---	---

25 Country in which account is held	26 Does the filer have a financial interest in this account? a <input type="checkbox"/> Yes b <input type="checkbox"/> No If no, complete boxes 27-35.	27 Last Name or Organization Name of Account Owner
-------------------------------------	--	--

28 First Name	29 Middle Initial	30 Taxpayer Identification Number	31 Address (Number, Street, and Apt. or Suite No.)
---------------	-------------------	-----------------------------------	--

32 City	33 State	34 Zip/Postal Code	35 Country
---------	----------	--------------------	------------

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations (31 CFR 103). No report is required if the aggregate value of the accounts did not exceed \$10,000. **SEE INSTRUCTIONS FOR DEFINITION.** File this form with:

U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621.

Paperwork Reduction Act. The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Department of the Treasury, Financial Crimes Enforcement Network, Suite 200, 2070 Chain Bridge Road, Vienna, VA 22182-2536. You are not required to provide the requested information unless a form displays a valid OMB control number.

General Questions

Who should complete this form?

Any US citizen who has financial interest or signing authority in a foreign bank account when the balance in that account exceeds \$10,000 US dollars (or the foreign currency equivalent of \$10,000 US dollars) at any time during the year. **NOTE:** When filing personal income tax form 1040, the same individuals must also complete IRS Schedule B, Interest and Ordinary Dividends, lines 7a and 7b. Answer “Yes” to 7a and enter the name or names of countries on line 7b.

What is the deadline for completing this form?

The forms should be completed and forwarded to the Treasurer’s Office by May 1 of each year to meet internal deadlines.

What is the penalty for not completing the form?

Failure to file the form could result in fines and/or imprisonment for individuals.

Do any other departments need to know which foreign accounts are controlled by me or my department?

Yes, the Treasurer’s Office, to maintain a complete database of all foreign bank accounts, and the Tax Department, in order to complete their annual tax filing.

Notes Referenced on Form

General Comment:

Some fields have been filled in with “dummy” information as examples of how to complete the form. You will be completing the form with the actual information that applies to you and/or your department.

Note #1:

Type of Filer – If the account has been opened in the name of Johns Hopkins University (or the name of any department within the university), the box marked “Corporation” should be checked. If the account has been opened in a person’s name, then the box marked “Individual” should be checked.

Note #2:

This box should be left blank if the accounts listed are in the name of Johns Hopkins University or a department. If the accounts that are being listed are in an individual’s name, this box should be completed with the total number of accounts that will be listed on the form.

Note #3:

Any account carrying a balance of \$10,000 US dollars or more during the year must be listed on the form. Also, accounts in any foreign currency for which the balances would convert to \$10,000 US must also be listed.

Note #4:

Use the tax ID of Johns Hopkins University if this is a university account. Use the tax ID of JHPIEGO if this is a JHPIEGO account. If the account is in an individual's name, this section is completed with the person's social security number.

Note #5:

For blocks 31 through 35, complete with the appropriate university address.