

# BOI -- INITIAL REPORT

## Initial Report

### GENERAL FRAME WORK

For all businesses regardless of when they were created or registered.

PART 1. Reporting Company information

PART 3. Beneficial Owners Information (any owner with applicable control).

For businesses that were created or registered after January 1, 2024.

PART 2. Company Applicant Information

**We will also need the Drivers License or Passport of all Benefical Owners and Company Applicant.** *These need to be scans (in PDF format) of the ID's not a picture (JPEG, PNG or similar).*

For additional information please view the FinCEN's website FAQ or their Compliance Guide.

[FAQ](#)

[Compliance Guide](#)

### Would you like to request to receive a FinCen Identifier (FinCen ID) *(Only If you have multiple businesses)*

- |                                   |                          |
|-----------------------------------|--------------------------|
| A. The Reporting Company          | <input type="checkbox"/> |
| B. The Company Applicant          | <input type="checkbox"/> |
| C. Any of the Beneficial Owner(s) |                          |
| Owner 1                           | <input type="checkbox"/> |
| Owner 2                           | <input type="checkbox"/> |
| Owner 3                           | <input type="checkbox"/> |
| Owner 4                           | <input type="checkbox"/> |

### Do you have a FinCen Identifier (FinCen ID) to use on this application

- |                                   |                      |
|-----------------------------------|----------------------|
| A. The Reporting Company          | <input type="text"/> |
| B. The Company Applicant          | <input type="text"/> |
| C. Any of the Beneficial Owner(s) |                      |
| Owner 1                           | <input type="text"/> |
| Owner 2                           | <input type="text"/> |
| Owner 3                           | <input type="text"/> |
| Owner 4                           | <input type="text"/> |

ALL completed forms must be sent to Chris Jones. His email is [chris@bratkowskipas.com](mailto:chris@bratkowskipas.com).

**PART I. REPORTING COMPANY INFORMATION**

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**Full legal name and alternate name(s):**

Reporting Company legal name	<input type="text"/>
Alternate name (e.g. trade name, DBA)	<input type="text"/>

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**Form of identification:**

TAX IDENTIFICATION TYPE	<input type="text"/>
TAX IDENTIFICATION NUMBER	<input type="text"/>

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**Jurisdiction of formation or first registration:**

Country/Jurisdiction of formation	<input type="text"/>
State of formation	<input type="text"/>

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**Current U.S. Address:**

Address (number, street, and apt. or suite no.)	<input type="text"/>
City	<input type="text"/>
U.S. or U.S. Territory	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>

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PART II. COMPANY APPLICANT INFORMATION

Existing Reporting Company

☐

(check if Reporting Company was created or registered before January 1, 2024)

If this entity was in existence before January 1, 2024 you do not need to fill out the page below.

Full legal name and date of birth:

Individual's last name

First name

Middle name

Suffix

Date of birth

Current address:

Address type

☐ Business Address☐ Residential Address

Address (number, street, and apt. or suite no.)

City

U.S. or U.S. Territory

State

ZIP Code

Form of identification and issuing jurisdiction:

Identifying document type

Identifying document number

Identifying document issuing jurisdiction:

Country

State

PART III. BENEFICIAL OWNER INFORMATION NUMBER 1

Parent/Guardian information instead of minor child

☐ (check if the Beneficial Owner is a minor child and the parent/guardian information is provided instead)

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Full legal name and date of birth:

Individual's last name	<input type="text"/>
First name	<input type="text"/>
Middle name	<input type="text"/>
Suffix	<input type="text"/>
Date of birth	<input type="text"/>

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Current address:

Address (number, street, and apt. or suite no.)	<input type="text"/>
City	<input type="text"/>
U.S. or U.S. Territory	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>

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Form of identification and issuing jurisdiction:

Identifying document type	<input type="text"/>
Identifying document number	<input type="text"/>
Identifying document issuing jurisdiction:	
Country	<input type="text"/>
State	<input type="text"/>

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PART III. BENEFICIAL OWNER INFORMATION NUMBER 2

Parent/Guardian information instead of minor child

☐ (check if the Beneficial Owner is a minor child and the parent/guardian information is provided instead)

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Full legal name and date of birth:

Individual's last name	<input type="text"/>
First name	<input type="text"/>
Middle name	<input type="text"/>
Suffix	<input type="text"/>
Date of birth	<input type="text"/>

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Current address:

Address (number, street, and apt. or suite no.)	<input type="text"/>
City	<input type="text"/>
U.S. or U.S. Territory	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>

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Form of identification and issuing jurisdiction:

Identifying document type	<input type="text"/>
Identifying document number	<input type="text"/>
Identifying document issuing jurisdiction:	
Country	<input type="text"/>
State	<input type="text"/>

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PART III. BENEFICIAL OWNER INFORMATION NUMBER 3

Parent/Guardian information instead of minor child

☐ (check if the Beneficial Owner is a minor child and the parent/guardian information is provided instead)

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Full legal name and date of birth:

Individual's last name	<input type="text"/>
First name	<input type="text"/>
Middle name	<input type="text"/>
Suffix	<input type="text"/>
Date of birth	<input type="text"/>

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Current address:

Address (number, street, and apt. or suite no.)	<input type="text"/>
City	<input type="text"/>
U.S. or U.S. Territory	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>

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Form of identification and issuing jurisdiction:

Identifying document type	<input type="text"/>
Identifying document number	<input type="text"/>
Identifying document issuing jurisdiction:	
Country	<input type="text"/>
State	<input type="text"/>

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PART III. BENEFICIAL OWNER INFORMATION NUMBER 4

Parent/Guardian information instead of minor child

☐ (check if the Beneficial Owner is a minor child and the parent/guardian information is provided instead)

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Full legal name and date of birth:

Individual's last name	<input type="text"/>
First name	<input type="text"/>
Middle name	<input type="text"/>
Suffix	<input type="text"/>
Date of birth	<input type="text"/>

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Current address:

Address (number, street, and apt. or suite no.)	<input type="text"/>
City	<input type="text"/>
U.S. or U.S. Territory	<input type="text"/>
State	<input type="text"/>
ZIP Code	<input type="text"/>

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Form of identification and issuing jurisdiction:

Identifying document type	<input type="text"/>
Identifying document number	<input type="text"/>
Identifying document issuing jurisdiction:	
Country	<input type="text"/>
State	<input type="text"/>

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