Report of Foreign Bank and Financial Accounts Home Filer Separate/Joint No Financial Consolidated Signature Information Separate Information

Filer Contact Information

Please provide the following contact information so that you may receive the appropriate correspondence regarding the status of your FBAR filing:

| * Email Address | MAHIISSOBUSY@GMAIL.COM |
|-----------------|---------------------------|
| * Confirm Email | MAHIISSOBUSY@GMAIL.COM |
| * First Name | VENKATA NAGA MAHESH KUMAR |
| * Last Name | VANKAYALA |
| * Phone Number | 6605280804 |

BEFORE YOU BEGIN, PLEASE NOTE THE FOLLOWING

The online FBAR form does not allow you to save your progress during completion. After submission, a read-only copy of your FBAR will be available for download.

START FBAR

Questions or issues encountered during the FBAR filing process may be directed to the BSA E-Filing Help Desk at 1-866-346-9478 or via email at BSAEFilingHelp@fincen.gov. The Help Desk is available Monday through Friday from 8 a.m. to 6 p.m EST. Please note that the Help Desk is closed on Federal holidays.

Report of Foreign Bank and Financial Accounts

Home

Filer

Separate/Joint

No Financial

Consolidated

Signature

1.0

Version Number:

Report of Foreign Bank and Financial Accounts

FinCEN Form 114 OMB No. 1506-0009

The deadline to file the Report of Foreign Bank and Financial Accounts (FBAR) to FinCEN coincides with the current IRS tax season filing deadline for annual tax returns.

Filing Instructions

- 1 Complete the FBAR. Complete the form in its entirety with all requested or required data known to the filer. For detailed information regarding the completion of your FBAR, please refer to User Quick Links at http://bsaefiling.fincen.treas.gov/NoRegFBARFiler.html
- 2 Sign the completed FBAR. Click 'Sign the Form' (at the bottom of this page) once the FBAR is complete.
- 3 Submit the signed FBAR. Click 'Submit' (at the bottom of this page) once the FBAR is electronically signed.
 4 Retain a copy of your submission. Download a copy (read-only) of your FBAR from your submission confirmation page and retain for record keeping purposes.

| * Filing name (e.g. SMITH FBAR 2013) | MAHESHFBAR2019 | | |
|---|----------------|--|--|
| If this report is being filed late, select the reason for filing late | Forgot to file | | |

Release date: 04/29/2020

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 1010.350. No report is required if the aggregate value of the accounts did not exceed \$10,000. See help text Instructions for definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. 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 filling a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

| Report of Foreign Bank and Financial Accounts | | | | | | | | |
|--|----------------------|--|--|------------------------|--------------------------|--|--|--|
| Home | Filer Information | Separate/Joint Account | No Financial Interest | Consolidated Report | Signature Information | | | |
| * 1 This report is for calendar year ended 12/31 Part I Filer Information 2019 Amended Prior Report BSA Identifier | | | | | | | | |
| * 2 Type of filer | Indivi | dual | | | | | | |
| * 3 U.S.Taxpayer Identifica | | | | | | | | |
| * 3a TIN type | SSNA | ITIN | | | | | | |
| * 4 Foreign identification | | | | | | | | |
| а Туре | | | | | | | | |
| b Number | | | | | | | | |
| c Country/Reg | ion of issue | | | | | | | |
| 5 Individual's date of birt | h 08101 | 992 | | | | | | |
| * 6 Last name or organiza | ation's name VANK | AYALA | | | | | | |
| 7 First name | VENK | ATA NAGA MAHESH KUN | <i>I</i> /AR | | | | | |
| 8 Middle name | | | | | | | | |
| 8a Suffix | | | | | | | | |
| 9 Address | 350 E | /ISTA RIDGE MALL DRIV | E | | | | | |
| 10 City | LEWIS | VILLE | | | | | | |
| 11 State | ТХ | | | | | | | |
| 12 ZIP/postal code | 75067 | | | | | | | |
| * 13 Country/Region | Unit | ed States of America | | | | | | |
| No N | nber of accounts | If "Yes" is checords of the second of the se | s? necked do not complete Part his information n 25 or more financial account necked Complete Part IV iten iler has signature authority. | rs? | person on whose | | | |

Report of Foreign Bank and Financial Accounts Signature Information Filer Separate/Joint No Financial Consolidated Home Account Information on Financial Account(s) Owned Separately 1 of 1 10,000 15 Maximum account value 15a Maximum account value unknown 16 Type of account Bank **US BANK** 17 Financial institution name 18 Account number or other designation 4831155000004277 19 Address 20 City 21 State 23 Country/ 22 Foreign postal code India Region

Report of Foreign Bank and Financial Accounts Separate/Joint No Financial Consolidated Signature Home Account Information on Financial Account(s) Owned Jointly 1 of 1 **Account Information** 15 Maximum account value 15a Maximum account value unknown 16 Type of account 17 Financial institution name 18 Account number or other designation 19 Address 20 City 21 State 23 Country/ 22 Foreign postal code Region 24 Number of joint owners **Principal Joint Owner Information** if entity Check 25 a TIN type 25 Taxpayer Identification Number (TIN) 26 Last name or organization name 27 First name 28 Middle name 28a Suffix 29 Address 30 City 31 State 33 Country/ 32 ZIP/postal code Region

Report of Foreign Bank and Financial Accounts Separate/Joint No Financial Consolidated Signature Information on Financial Account(s) Where Filer has Signature or Other Authority but No financial Interest in the Account(s) 1 of 1 **Account Information** 15a Maximum account value unknown 15 Maximum account value 16 Type of account 17 Financial institution name 18 Account number or other designation 19 Address 20 City 21 State 23 Country/ 22 Foreign postal code Region **Owner Information** Check if entity 34 Last name or organization name 35 Taxpayer Identification Number (TIN) 35 a TIN type 36 First name 37 Middle name 37a Suffix 38 Address 39 City 40 State/territory/province 41 ZIP/postal code 42 Country/Region 43 Filer's title with this owner

Report of Foreign Bank and Financial Accounts Signature Information Separate/Joint No Financial Consolidated Home Report Information on Financial Account(s) Where Filer is Filing a Consolidated Report 1 of 1 **Account Information** 15 Maximum account value 15a Maximum account value unknown 16 Type of account 17 Financial institution name 18 Account number or other designation 19 Address 20 City 21 State 23 Country/ 22 Foreign postal code Region **Owner Information** 34 Organization name 35 Taxpayer Identification Number (TIN) 35 a TIN type 38 Address 39 City 40 State/territory/province 41 ZIP/postal code 42 Country/Region

| Report of Foreign Bank and Financial Accounts | | | | | | | | | |
|---|----------------------|---------------------------|--------------------------------|--------------------------------|--------------------------|--|--|--|--|
| Home | Filer Information | Separate/Joint Account | No Financial Interest | Consolidated Report | Signature Information | | | | |
| Signature 44a Check here if this report is completed by a third party preparer and complete the third party preparer section. | | | | | | | | | |
| 44 Filer signature | Form is signed. | | | | | | | | |
| 45 Filer title | | | | | | | | | |
| 46 Date of signature | 04 | 1/08/2021 | (Date of signature will be aut | o-populated when the report is | s signed.) | | | | |
| Third Party Preparer Use Only | | | | | | | | | |
| 47 Preparer's last name | | | | | | | | | |
| 48 First name | | | | | | | | | |
| 49 Middle name/initial | | | | | | | | | |
| 50 Check if self e | employed | | | | | | | | |
| 51 Preparer's TIN | | | 51a TIN | N type | | | | | |
| 52 Contact phone number | | | 52a Ex | tension | | | | | |
| 53 Firm's name | | | | | | | | | |
| 54 Firm's TIN | | | 54a TIN | N type | | | | | |
| 55 Address | | | | | | | | | |
| 56 City | | | | | | | | | |
| 57 State | | | | | | | | | |
| 58 ZIP/postal code | | | | | | | | | |
| 59 Country/Region | | | | Pack to Home / Sign Form | | | | | |