# 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	SRINIVAAS23@GMAIL.COM
* Confirm Email	SRINIVAAS23@GMAIL.COM
* First Name	SRINIVAS
* Last Name	SHESHALA
* Phone Number	5714269761

#### 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)	SRINIVAS SHESHALA
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.

Name   Filer   Separate/Joint   No Financial   Derivoldated   Separater   Se	Report of Foreign Bank and Financial Accounts							
Part I Filer Information  2 Type of filer Individual  3 USTaxpayer Identification Number 631112487  3 a TIN type SSN/TTIN  4 Foreign Identification  a Type	Home							
*3 at IN type SSN/ITIN  *4 Foreign identification a Type DNumber COuntry/Region of issue  5 Individual's date of birth O7061978  *6 Last name or organization's name SHESHALA  7 First name SRINIVAS  8 Middle name SRINIVAS  8 Middle name Order State Stat			12/31 20	O19 Amende	d Prior Report BSA	Identifier		
*3 a TIN type  *4 Foreign identification  a Type  b Number  c Country/Region of issue  5 Individual's date of birth  O7061978  *6 Last name or organization's name  SHESHALA  7 First name  SRINIVAS  8 Middle name  8a Suffix  9 Address  240 NATOMA STATION DR, APT #268  10 City  FOLSOM  11 State  CA  12 ZIP/postal code  95630  *13 Country/Region  United States of America  If "Yes" is checked do not complete Part II or Part III, but retain records of this information	* 2 Type of filer		Individual					
* 4 Foreign identification a Type b Number c Country/Region of issue  5 Individual's date of birth  * 6 Last name or organization's name SHESHALA  7 First name SRINIVAS  8 Middle name 8a Suffix 9 Address 240 NATOMA STATION DR, APT #268  10 City FOLSOM  11 State CA 12 ZIP/postal code 95630 * 13 Country/Region United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?    Yes   Enter number of accounts   If "Yes" is checked do not complete Part II or Part III, but retain records of this information	* 3 U.S.Taxpayer Identifica	ation Number	631112487					
5 Individual's date of birth 07061978  *6 Last name or organization's name SHESHALA  7 First name SRINIVAS  8 Middle name  8a Suffix	* 4 Foreign identification a Type		SSN/ITIN					
* 6 Last name or organization's name  SHESHALA  7 First name  SRINIVAS  8 Middle name  8a Suffix  9 Address  240 NATOMA STATION DR, APT #268  10 City  FOLSOM  11 State  CA  12 ZIP/postal code 95630  * 13 Country/Region  United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?  Yes Enter number of accounts  If "Yes" is checked do not complete Part II or Part III, but retain records of this information	c Country/Regi	ion of issue						
7 First name  SRINIVAS  8 Middle name  8a Suffix  9 Address  240 NATOMA STATION DR, APT #268  10 City  FOLSOM  11 State  CA  12 ZIP/postal code 95630  * 13 Country/Region  United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?  Yes Enter number of accounts  If "Yes" is checked do not complete Part II or Part III, but retain records of this information	5 Individual's date of birth	h	07061978					
8a Suffix  9 Address  240 NATOMA STATION DR, APT #268  10 City  FOLSOM  11 State  CA  12 ZIP/postal code 95630  * 13 Country/Region  United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?  Yes Enter number of accounts No	* 6 Last name or organiza	ation's name	SHESHALA					
8a Suffix  9 Address  240 NATOMA STATION DR, APT #268  10 City  FOLSOM  11 State  CA  12 ZIP/postal code  95630  * 13 Country/Region  United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?  Yes Enter number of accounts  If "Yes" is checked do not complete Part II or Part III, but retain records of this information	7 First name		SRINIVAS					
9 Address  240 NATOMA STATION DR, APT #268  10 City  FOLSOM  11 State  CA  12 ZIP/postal code 95630  * 13 Country/Region  United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?  Yes Enter number of accounts  If "Yes" is checked do not complete Part III or Part III, but retain records of this information	8 Middle name							
10 City  FOLSOM  11 State  CA  12 ZIP/postal code  95630  * 13 Country/Region  United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?  Yes Enter number of accounts  If "Yes" is checked do not complete Part II or Part III, but retain records of this information	8a Suffix							
11 State  CA  12 ZIP/postal code  * 13 Country/Region  United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?  Yes Enter number of accounts  If "Yes" is checked do not complete Part II or Part III, but retain records of this information	9 Address		240 NATOMA ST	TATION DR, APT #	268			
12 ZIP/postal code  * 13 Country/Region  United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?  ☐ Yes Enter number of accounts ☐ No	10 City		FOLSOM					
* 13 Country/Region  United States of America  * 14a Does the filer have a financial interest in 25 or more financial accounts?  If "Yes" is checked do not complete Part II or Part III, but retain records of this information  No	11 State		CA					
* 14a Does the filer have a financial interest in 25 or more financial accounts?  Use The Filer number of accounts If "Yes" is checked do not complete Part II or Part III, but retain records of this information	12 ZIP/postal code		95630					
<ul> <li>Yes Enter number of accounts</li> <li>If "Yes" is checked do not complete Part II or Part III, but retain records of this information</li> </ul>	* 13 Country/Region		United States	of America				
<ul> <li>Yes Enter number of accounts</li> <li>If "Yes" is checked Complete Part IV items 34 through 43 for each person on whose behalf the filer has signature authority.</li> </ul>	Yes Enter num No * 14b Does the filer have Yes Enter num	nber of accounts		If "Yes" is check records of this ancial interest in 25 If "Yes" is check	information  or more financial accounts  sed Complete Part IV item	s?	erson 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 10,200 15 Maximum account value 15a Maximum account value unknown 16 Type of account **Bank ICICI BANK** 17 Financial institution name 18 Account number or other 000101528751 designation 19 Address NO. 1, CENOTAPH ROAD 20 City **CHENNAI** 21 State 23 Country/ 600018 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	12	2/22/2020	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	l type				
52 Contact phone number			52a Ex	tension				
53 Firm's name								
54 Firm's TIN			54a TIN	l type				
55 Address								
56 City								
57 State								
58 ZIP/postal code								
59 Country/Region				Pack to Home / Sign Form				