

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	<input type="text" value="SHASHIKANTH9030@GMAIL.COM"/>
* Confirm Email	<input type="text" value="SHASHIKANTH9030@GMAIL.COM"/>
* First Name	<input type="text" value="SHASHIKANTH"/>
* Last Name	<input type="text" value="ADEPU"/>
* Phone Number	<input type="text" value="6032640044"/>

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

Version Number: 1.0

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)

SHASHIKANTH ADEPU

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 filing 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.

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Filer Information

Separate/Joint Account

No Financial Interest

Consolidated Report

Signature Information

* 1 This report is for calendar year ended 12/31

2023

Amended



Prior Report BSA Identifier

Part I Filer Information

* 2 Type of filer

Individual

* 3 U.S. Taxpayer Identification Number

867061276

* 3a TIN type

SSN/ITIN

* 4 Foreign identification

a Type

b Number

c Country/Region of issue

5 Individual's date of birth

04241989

* 6 Last name or organization's name

ADEPU

7 First name

SHASHIKANTH

8 Middle name

8a Suffix

9 Address

29 PARK LN APT 7

10 City

MENANDS

11 State

NY

12 ZIP/postal code

12204

* 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

No

* 14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

Yes Enter number of accounts

If "Yes" is checked Complete Part IV items 34 through 43 for each person on whose behalf the filer has signature authority.

No

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Part II Information on Financial Account(s) Owned Separately 1 of 1



15 Maximum account value	<input type="text" value="34,789"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text" value="Bank"/>	<input type="text"/>	
17 Financial institution name	<input type="text" value="BANK OF INDIA"/>		
18 Account number or other designation	<input type="text" value="864312110000004"/>		
19 Address	<input type="text" value="16-11-740/7, DILSUKHNAGAR, NEAR NIKHIL HOSPITALS"/>		
20 City	<input type="text" value="HYDERABAD"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text" value="500668"/>	23 Country/ Region	<input type="text" value="India"/>

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Part III Information on Financial Account(s) Owned Jointly

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Account Information

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/ Region	<input type="text"/>
24 Number of joint owners	<input type="text"/>		

Principal Joint Owner Information

Check if entity

25 Taxpayer Identification Number (TIN)	<input type="text"/>	25 a TIN type	<input type="text"/>
26 Last name or organization name	<input type="text"/>		
27 First name	<input type="text"/>		
28 Middle name	<input type="text"/>		
28a Suffix	<input type="text"/>		
29 Address	<input type="text"/>		
30 City	<input type="text"/>	31 State	<input type="text"/>
32 ZIP/postal code	<input type="text"/>	33 Country/ Region	<input type="text"/>

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Part IV Information on Financial Account(s) Where Filer has Signature or Other Authority but No financial Interest in the Account(s) 1 of 1

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Account Information

15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/ Region	<input type="text"/>

Owner Information

Check if entity

+ -

34 Last name or organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35 a TIN type	<input type="text"/>
36 First name	<input type="text"/>		
37 Middle name	<input type="text"/>		
37a Suffix	<input type="text"/>		
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text"/>		
43 Filer's title with this owner	<input type="text"/>		

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Part V Information on Financial Account(s) Where Filer is Filing a Consolidated Report 1 of 1



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15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
16 Type of account	<input type="text"/>	<input type="text"/>	
17 Financial institution name	<input type="text"/>		
18 Account number or other designation	<input type="text"/>		
19 Address	<input type="text"/>		
20 City	<input type="text"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	23 Country/ Region	<input type="text"/>

Owner Information



34 Organization name	<input type="text"/>		
35 Taxpayer Identification Number (TIN)	<input type="text"/>	35 a TIN type	<input type="text"/>
38 Address	<input type="text"/>		
39 City	<input type="text"/>		
40 State/territory/province	<input type="text"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text"/>		

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Signature 44a Check here if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature

45 Filer title

46 Date of signature (Date of signature will be auto-populated when the report is signed.)

Third Party Preparer Use Only

47 Preparer's last name

48 First name

49 Middle name/initial

50 Check if self employed

51 Preparer's TIN 51a TIN type

52 Contact phone number 52a Extension

53 Firm's name

54 Firm's TIN 54a TIN type

55 Address

56 City

57 State

58 ZIP/postal code

59 Country/Region

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