

Please fill the following form.

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Filer Contact Information

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

Fields marked with an asterisk () are required by default unless otherwise stated*

* Email Address	<input type="text" value="MOINDOT11@GMAIL.COM"/>
* Confirm Email	<input type="text" value="MOINDOT11@GMAIL.COM"/>
* First Name	<input type="text" value="MOIN AHMED"/>
* Last Name	<input type="text" value="SYED"/>
* Phone Number	<input type="text" value="6695774500"/>

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.

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.

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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 <https://bsae filing.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 2018)

MOIN AHMED SYED

If this report is being filed late, select the reason for filing late

Explanation (750 character limit)

Sign the Form

Remove Signature

AFTER COMPLETING THE FBAR, RETURN TO THIS SECTION TO SIGN AND SUBMIT

Submit

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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* 1 This report is for calendar year ended 12/31 Amended Prior Report BSA Identifier

Part I Filer Information

* 2 Type of filer

* 3 U.S. Taxpayer Identification Number

3a TIN type

4 Foreign identification (Complete if Item 3 U.S. TIN is blank)

a Type

b Number

c Country/Region of issue

5 Individual's Date of Birth Month Day Year

* 6 Last name or organization's name

7 First name

8 Middle name

8a Suffix

9 Address

10 City

11 State (Select Country/Region before selecting state)

12 ZIP/postal code

* 13 Country/Region

* 14a Does the filer have a financial interest in 25 or more financial accounts?

* 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 2 of 2

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value	<input type="text" value="6173"/>	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="HDFC"/>		
*18 Account number or other designation	<input type="text" value="5491610078419"/>		
19 Address	<input type="text" value="ELECTRONIC CITY"/>		
20 City	<input type="text" value="BANGALORE"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text"/>	*23 Country/Region	<input type="text" value="India"/>

Part II Information on Financial Account(s) Owned Separately 3 of 3

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value	<input type="text" value="10938"/>	15a Maximum account value unknown	<input type="checkbox"/>
*16 Type of account	<input type="text" value="Securities"/>	<input type="text"/>	
*17 Financial institution name	<input type="text" value="MIRAE ASSET"/>		
*18 Account number or other designation	<input type="text" value="78823177836"/>		
19 Address	<input type="text" value="UNIT NO-606-6TH FLOOR, WINDSOR"/>		
20 City	<input type="text" value="MUMBAI"/>	21 State	<input type="text"/>
22 Foreign postal code	<input type="text" value="400098"/>	*23 Country/Region	<input type="text" value="India"/>

Part II Information on Financial Account(s) Owned Separately 4 of 4

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value	<input type="text" value="6822"/>	15a Maximum account value unknown	<input type="checkbox"/>
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*16 Type of account	Securities ▼	
*17 Financial institution name	AXIS FLEXI CAP FUND - GR	
*18 Account number or other designation	91059281954	
19 Address	ALPHA, OFFICE FLOOR 8, NEAR KANJURM	
20 City	CHENNAI	21 State
22 Foreign postal code	400042	*23 Country/Region
		India

Part II Information on Financial Account(s) Owned Separately 4 of 4

Fields marked with an asterisk () are required if an account is recorded in this section*

*15 Maximum account value	908	15a Maximum account value unknown	<input type="checkbox"/>
*16 Type of account	Securities ▼		
*17 Financial institution name	TATA DIGITAL INDIA FUND-GR		
*18 Account number or other designation	465110247		
19 Address	9TH FLOOR, MAFATLAL CENTER, NARIMAN		
20 City	MUMBAI	21 State	
22 Foreign postal code	400021	*23 Country/Region	India

Part II Information on Financial Account(s) Owned Separately 5 of 5

Fields marked with an asterisk () are required if an account is recorded in this section*

*15 Maximum account value	2002	15a Maximum account value unknown	<input type="checkbox"/>
*16 Type of account	Securities ▼		
*17 Financial institution name	INVESCO INDIA GROWTH OPPORTUNITIES		
*18 Account number or other designation	3105023043		
19 Address	BUILDING B ALPHA OFFICE FLOOR 8		
20 City		21 State	
22 Foreign postal code	400042	*23 Country/Region	India

Part II Information on Financial Account(s) Owned Separately 6 of 6

Fields marked with an asterisk () are required if an account is recorded in this section*

*15 Maximum account value	1026	15a Maximum account value unknown	<input type="checkbox"/>
*16 Type of account	Securities ▼		
*17 Financial institution name	HSBC FLEXI CAP FUND - GR		
*18 Account number or other designation	179503932		
19 Address	NESCO COMPLEX, WESTERN EXPRESS		

20 City

MUMBAI

21 State

22 Foreign postal code

400063

*23 Country/
Region

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Part III Information on Financial Account(s) Owned Jointly

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Account Information

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value

6906

15a Maximum account value unknown

*16 Type of account

Bank

*17 Financial institution name

ICICI

*18 Account number or other designation

093801000442

19 Address

RAJARAJESHWARINAGAR

20 City

BANGALORE

21 State

22 Foreign postal code

*23 Country/
Region

India

*24 Number of joint owners

2

Principal Joint Owner Information

Check if entity

25 Taxpayer Identification Number (TIN)

087154857

25 a TIN type

SSN/ITIN

26 Last name or organization name

SYED

27 First name

MOIN AHMED

28 Middle name

28a Suffix

29 Address

39939 STEVENSON CMN

30 City

FREMONT

31 State

California

32 ZIP/postal code

94538

33 Country/
Region

United States of America

Part III Information on Financial Account(s) Owned Jointly

2 of 2

Account Information

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value

6345

15a Maximum account value unknown

*16 Type of account	Bank	
*17 Financial institution name	UNION BANK OF INDIA	
*18 Account number or other designation	221810100002290	
19 Address	KASAVANAHALLI	
20 City	BANGALORE	21 State
22 Foreign postal code	560102	*23 Country/Region
*24 Number of joint owners	2	India

Principal Joint Owner Information

Check if entity

25 Taxpayer Identification Number (TIN)	087154857	25 a TIN type	SSN/ITIN
26 Last name or organization name	SYED		
27 First name	MOIN AHMED		
28 Middle name			
28a Suffix			
29 Address	39939 STEVENSON CMN		
30 City	FREMONT	31 State	California
32 ZIP/postal code	94538	33 Country/Region	United States of America

Part III Information on Financial Account(s) Owned Jointly

3 of 3

Account Information

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value	4507	15a Maximum account value unknown	<input type="checkbox"/>
*16 Type of account	Bank		
*17 Financial institution name	STATE BANK OF INDIA		
*18 Account number or other designation	00000040896457865		
19 Address	NRI Branch, Koramangala,		
20 City	BANGALORE	21 State	
22 Foreign postal code		*23 Country/Region	India
*24 Number of joint owners	2		

Principal Joint Owner Information

Check if entity

25 Taxpayer Identification Number (TIN)	087154857	25 a TIN type	
26 Last name or organization name	SYED		
	MOIN AHMED		

27 First name	MOINAHMED		
28 Middle name			
28a Suffix			
29 Address	39939 STEVENSON CMN		
30 City	FREMONT	31 State	California
32 ZIP/postal code	94538	33 Country/ Region	United States of America

Part III Information on Financial Account(s) Owned Jointly 4 of 4

Account Information

Fields marked with an asterisk () are required if an account is recorded in this section*

*15 Maximum account value	71113	15a Maximum account value unknown	<input type="checkbox"/>
*16 Type of account	Securities		
*17 Financial institution name	MARCELLUS		
*18 Account number or other designation	109781		
19 Address	929, DBS BUSINESS CENTER		
20 City	MUMBAI	21 State	
22 Foreign postal code	400093	*23 Country/ Region	India
*24 Number of joint owners	2		

Principal Joint Owner Information

Check if entity

25 Taxpayer Identification Number (TIN)	087154857	25 a TIN type	SSN/ITIN
26 Last name or organization name	SYED		
27 First name	MOIN AHMED		
28 Middle name			
28a Suffix			
29 Address	39939 STEVENSON CMN		
30 City	FREMONT	31 State	California
32 ZIP/postal code	94538	33 Country/ Region	United States of America

**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**

Account Information

Fields marked with an asterisk () are required if an account is recorded in this section*

*15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
*16 Type of account	<input type="text" value="v"/>	<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" value="v"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text" value="v"/>		
43 Filer's title with this owner	<input type="text"/>		

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

Account Information

Fields marked with an asterisk () are required if an account is recorded in this section*

*15 Maximum account value	<input type="text"/>	15a Maximum account value unknown	<input type="checkbox"/>
*16 Type of account	<input type="text" value="v"/>	<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" value="v"/>		
41 ZIP/postal code	<input type="text"/>		
42 Country/Region	<input type="text" value="v"/>		

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 Please return to the Home tab to sign the report.

45 Filer title

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

Third Party Preparer Use Only Fields marked with an asterisk (*) are required if item 44a is checked above

*47 Preparer's last name TALLAM

*48 First name SYAM PRIYA RAM

49 Middle name/initial SAGAR GUPTA

50 Check if self employed

*51 Preparer's TIN P02082703 *51a TIN type PTIN

52 Contact phone number 6789659522 52a Extension

*53 Firm's name GLOBAL TAXES LLC

*54 Firm's TIN 84-3171965 *54a TIN type EIN

55 Address 245 ROONEY CT

56 City E BRUNSWICK

*57 State New Jersey

*58 ZIP/postal code 08816

*59 Country/Region United States of America

--No more pages--