



ESTADO LIBRE ASOCIADO DE PUERTO RICO

OFICINA DEL COMISIONADO DE SEGUROS

Carta Circular Núm. E-1-1334-94

16 de febrero de 1994

A TODOS LOS ASEGURADORES DEL PAIS Y AGENTES GENERALES Y GERENTES
DE ASEGURADORES EXTRANJEROS AUTORIZADOS EN PUERTO RICO

Asunto: Requisitos de radicación de la Forma 8300 del Servicio
de Rentas Internas

Señores:

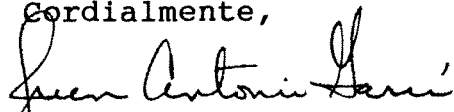
La Sección 6050I del Código de Rentas Internas Federal establece que cualquier persona envuelta en una transacción o negocio que reciba en el curso de tal transacción o negocio, más de diez mil dólares (\$10,000) en efectivo, deberá radicar una planilla informativa. Dicha planilla, identificada como la Forma 8300, deberá incluir, entre otras cosas, el nombre y dirección de la persona de quien se recibe el dinero, la cantidad de dinero, la fecha y naturaleza de la transacción. Para su información y conveniencia, le incluimos copia de la Forma 8300.

En un esfuerzo para prevenir y detectar las actividades de "lavado de dinero" en la industria de seguros, el Servicio de Rentas Internas, a través de la Asociación Nacional de Comisionados de Seguros (NAIC), ha solicitado la cooperación de todos los reguladores para que los aseguradores y sus representantes cumplan con el requisito de radicación de la Forma 8300.

Por tal razón, le informamos que la Oficina del Comisionado de Seguros estará alerta al cumplimiento de esta disposición de ley por parte, tanto de los aseguradores del país, como de los agentes generales y gerentes de los aseguradores extranjeros. La verificación de tal cumplimiento se hará mediante las auditorías regulares que le hagamos a dichas entidades, o mediante cualquier otro mecanismo que provea la ley.

En vista de lo anterior, requerimos por la presente el cumplimiento estricto de la referida disposición legal del Código de Rentas Internas Federal.

Cordialmente,

A handwritten signature in dark ink, appearing to read 'Juan Antonio García', written in a cursive style.

Juan Antonio García
Comisionado de Seguros

Anejo

Form

8300

Report of Cash Payments Over \$10,000 Received in a Trade or Business

OMB No. 1545-0892

Expires 09-30-94

(Rev. February 1992)

Department of the Treasury
Internal Revenue Service

Failure to file this form or filing a false form may result in imprisonment.

▶ See instructions.
Please type or print.1 Check appropriate boxes if: a ☐ amends prior report: b ☐ suspicious transaction.**Part I Identity of Individual From Whom the Cash Was Received**2 If more than one individual is involved, see instructions and check here ▶ ☐

3 Last name 4 First name 5 Middle initial 6 Social security number

7 Address (number, street, and apt. or suite no.) 8 Occupation, profession, or business

9 City 10 State 11 ZIP code 12 Country (if not U.S.) 13 Date of birth (see instructions)

14 Method used to verify identity: a Describe identification ▶ b Issued by c Number

Part II Person (See Definitions) on Whose Behalf This Transaction Was Conducted15 If this transaction was conducted on behalf of more than one person, see instructions and check here. ▶ ☐16 This person is an: ☐ individual or ☐ organization 17 If funded by another party, see instructions and check here ▶ ☐

18 Individual's last name or Organization's name 19 First name 20 Middle initial 21 Social security number

22 Doing business as (DBA) name (see instructions) Employer identification number

23 Alien identification: a Describe identification ▶ b Issued by c Number

24 Address (number, street, and apt. or suite no.) 25 Occupation, profession, or business

26 City 27 State 28 ZIP code 29 Country (if not U.S.) 30 Date of birth (see instructions)

Part III Description of Transaction and Method of Payment

31a ☐ personal property purchased d ☐ business services provided g ☐ exchange of cash
 b ☐ real property purchased e ☐ intangible property purchased h ☐ escrow or trust funds
 c ☐ personal services provided f ☐ debt obligations paid i ☐ other (specify) ▶

32 Specific description of property or service purchased. Give serial or registration number of car, boat, airplane, etc., address of real estate, etc.

33 Total price \$.00 34 Amount of U.S. currency received \$.00 35 Amount in \$100 bills or larger \$.00

36a Amount of cash received in other than U.S. currency (see instructions) \$.00

b Specific description of cash received in other than U.S. currency

37 If part of an installment sale, give information below and check box ▶ ☐ 38 Date of transaction

a Number of payments b Amount of each payment \$.00

c Frequency: ☐ monthly ☐ other (describe) d Balloon payment (amount) \$.00**Part IV Business Reporting This Transaction**

39 Name of reporting business 40 Employer identification number

41 Street address (number and street) where transaction occurred Social security number

42 City 43 State 44 ZIP code 45 Nature of your business

46 Under penalties of perjury, I declare that to the best of my knowledge the information I have furnished above is true, correct, and complete.

**Sign
Here**(Authorized signature—See instructions)
(Type or print signer's name below)

(Title)

(Date signed)

(Telephone number
of business)

Multiple Parties

(Complete applicable parts below if box 2 or 15 on page 1 is checked)

Part I Continued—Complete if box 2 on page 1 is checked

3 Last name	4 First name	5 Middle initial	6 Social security number
7 Address (number, street, and apt. or suite no.)		8 Occupation, profession, or business	
9 City	10 State	11 ZIP code	12 Country (if not U.S.)
13 Date of birth (see instructions)			
14 Method used to verify identity:		a Describe identification ▶	
b Issued by		c Number	

3 Last name	4 First name	5 Middle initial	6 Social security number
7 Address (number, street, and apt. or suite no.)		8 Occupation, profession, or business	
9 City	10 State	11 ZIP code	12 Country (if not U.S.)
13 Date of birth (see instructions)			
14 Method used to verify identity:		a Describe identification ▶	
b Issued by		c Number	

Part II Continued—Complete if box 15 on page 1 is checked

16 This person is an: ☐ individual or ☐ organization		17 If funded by another party, see instructions and check here . ▶ ☐	
18 Individual's last name or Organization's name	19 First name	20 Middle initial	21 Social security number
22 Doing business as (DBA) name (see instructions)			Employer identification number
23 Alien identification: a Describe identification ▶			
b Issued by c Number			
24 Address (number, street, and apt. or suite no.)		25 Occupation, profession, or business	
26 City	27 State	28 ZIP code	29 Country (if not U.S.)
30 Date of birth (see instructions)			

16 This person is an: ☐ individual or ☐ organization		17 If funded by another party, see instructions and check here . ▶ ☐	
18 Individual's last name or Organization's name	19 First name	20 Middle initial	21 Social security number
22 Doing business as (DBA) name (see instructions)			Employer identification number
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