

# Beneficial Ownership Information Report Filing



## Instructions and Helpful Hints

### Do I need to file?

Most companies formed in the United States will be required to file, so likely yes. FinCEN has provided a helpful resource called the [Small Entity Compliance Guide](#), which can help you determine if you are required to file a report and who you should list as the beneficial owners.

### Who are the beneficial owners of my company?

Generally, a beneficial owner is any individual who, directly or indirectly, either (1) exercises substantial control over a reporting company or (2) owns or controls at least 25% of the ownership interests of a reporting company. Consult the [Small Entity Compliance Guide](#) or an attorney for additional guidance.

### Do I need to include a company applicant?

- If you are reporting on a new company formed on or after January 1, 2024, at least one company applicant should be included on the report. (BOI reports on existing companies do not require company applicants.)
- The company applicants are typically (1) the individual primarily responsible for directing or controlling the filing of the document and (2) the individual who directly files the document that creates the reporting entity.
- If Capitol Services assisted with the formation filing, the FinCEN ID of the person who submitted the filing was provided with your filing evidence and should be listed on this report.

### Do I need an Employer Identification Number (EIN)?

The company is required to provide its IRS taxpayer identification number. For domestic companies, this must be an EIN or Social Security Number/Individual Taxpayer Identification Number (for disregarded entities in lieu of an EIN). If a foreign company does not have an IRS taxpayer identification number, the company must report a foreign tax identification number. If you intend to report an EIN and don't have one, we can help with that [application](#).

### How do I prepare this filing?

- Complete the attached form, being careful to include all of the required information for the reporting entity. Note that the address listed for the company must be a physical address and cannot be the address of the registered agent.
- List your beneficial owners and any company applicants (if applicable).
- Gather copies of the IDs (typically a driver's license, state-issued ID, or passport) of any beneficial owners and company applicants who don't have a FinCEN ID.

### I have the filing ready to go. How do I submit it?

Access [CapitolBCM](#), our Business Compliance Manager system, to securely upload the filing and IDs. The EIN application may also be included. (Please do not email any documents that contain sensitive information.)

**Once we are in receipt of your filing, we will submit the BOI Report to FinCEN and provide you with a confirmation number. If we discover any issues with your filing, our knowledgeable team will reach out to you by email or phone.**

Our CTA experts are available to help you with any questions you may have. Contact us by email at [CTA@capitolservices.com](mailto:CTA@capitolservices.com) or by phone at 800-345-4647.

*Nothing in this document should be construed as legal advice. This is provided for informational purposes only.*

**Entity Name**

**Filing Information**

**\* Type of filing** *(check one)*

**Initial report** *(first time report)*

NOTE: If filing an Initial Report proceed to Part I. If filing one of the following types, please respond to the following bulleted questions.

**Correct prior report** *(to amend information that was inaccurate and/or incomplete in a prior report)*

**Update prior report** *(to report a change in beneficial ownership information)*

**Newly exempt entity** *(if company previously filed a report and now qualifies for an exemption)*

**Only respond if filing a correction or an update to a prior report OR if previously filed report now qualifies for an exemption.**

▪ **Legal name** \_\_\_\_\_

▪ **Tax identification type** *(select one)*

EIN *(Employer Identification Number)*

SSN/ITIN *(Social Security Number or Individual Taxpayer Identification Number)*

Foreign

▪ **Tax identification number** \_\_\_\_\_

▪ **Country/Jurisdiction** \_\_\_\_\_ *(if foreign tax ID only)*

## Part I. Reporting Company Information

**Request to receive FinCEN Identifier** *(check to receive a FinCEN ID)*

**Foreign pooled investment vehicle** *(check if Reporting Company is a foreign pooled investment vehicle)*

### Full legal name and alternate name(s):

\* **Reporting Company legal name**

\_\_\_\_\_

**Alternate name** *(e.g., trade name, DBA; note multiple alternate names may be reported)*

\_\_\_\_\_

\* **Tax identification type** *(select one)*

EIN *(Employer Identification Number)*

SSN/ITIN *(Social Security Number or Individual Taxpayer Identification Number)*

Foreign

\* **Tax identification number** \_\_\_\_\_

**Country/Jurisdiction** \_\_\_\_\_ *(if foreign tax ID only)*

### Jurisdiction of formation:

\* **Domestic or Foreign Reporting Company:** *(select and complete one)*

**Domestic jurisdiction of formation** \_\_\_\_\_  
*(U.S. State, Tribe, or Other Jurisdiction)*

**Foreign jurisdiction of formation** \_\_\_\_\_  
*(Country or Foreign Jurisdiction) (First State Registered in U.S.)*

### Current U.S. street address:

\* **Address** \_\_\_\_\_  
*(number, street, and apt. or suite no.)*

\* **City** \_\_\_\_\_ \* **State** \_\_\_\_\_ \* **Zip Code** \_\_\_\_\_

\* **U.S. or U.S. Territory** \_\_\_\_\_  
*(enter U.S.; or U.S. Territory)*

**Existing Reporting Company** *(check if Reporting Company was created or registered prior to 2024)*

**NOTE:** If checked, then Company Applicant information is not required, proceed to Part III.

**Part II. Company Applicant Information**

*(Report up to two Company Applicants; if Existing Reporting Company was checked on previous page, Company Applicant information is not required, proceed to Part III.)*

U.S. Territories are considered part of the United States for purposes of determining the reporting obligations of domestic and foreign Reporting Companies.

**Company Applicant #1**

FinCEN ID \_\_\_\_\_

NOTE: If FinCEN Identifier is not provided, information about the Company Applicant must be provided in the fields below.

If FinCEN Identifier is provided for this Company Applicant, you do not need to complete the fields below.

**Full legal name and date of birth**

\* Individual's last name \_\_\_\_\_

\* First name \_\_\_\_\_ Middle name \_\_\_\_\_  
*(required if the applicant has a middle name)*

\* Date of birth \_\_\_\_\_ Suffix \_\_\_\_\_  
*(required if the applicant has a suffix)*

**Current street address:**

\* Address type  a. Business  b. Residential *(check one)*

\* Address \_\_\_\_\_  
*(number, street, and apt. or suite no.)*

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_

\* Country/Jurisdiction \_\_\_\_\_

**Form of identification and issuing jurisdiction:**

\* Identifying document type *(select one)*

State-issued driver's license

State/local/Tribe-issued ID

U.S. passport

Foreign passport *(only if individual does not possess document type listed above)*

\* Identifying document number \_\_\_\_\_

\* Identifying document issuing jurisdiction *(select and complete one)*

Country/Jurisdiction \_\_\_\_\_

State \_\_\_\_\_

Local/Tribal \_\_\_\_\_

Other local/Tribal name \_\_\_\_\_

\* Identifying document image *(attach / upload image of identifying document)*

# Beneficial Ownership Information (BOI) Report Questionnaire\*

Please use this non-official form to provide required information for submission in the FinCEN filing system.



## Company Applicant #2 (optional)

FinCEN ID \_\_\_\_\_

NOTE: If FinCEN Identifier is not provided, information about the Company Applicant must be provided in the fields below.

If FinCEN Identifier is provided for this Company Applicant, you do not need to complete the fields below.

## Full legal name and date of birth

\* Individual's last name \_\_\_\_\_

\* First name \_\_\_\_\_ Middle name \_\_\_\_\_

(required if the applicant has a middle name)

\* Date of birth \_\_\_\_\_ Suffix \_\_\_\_\_

(required if the applicant has a suffix)

## Current street address:

\* Address type  a. Business  b. Residential (check one)

\* Address \_\_\_\_\_

(number, street, and apt. or suite no.)

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_

\* Country/Jurisdiction \_\_\_\_\_

## Form of identification and issuing jurisdiction:

\* Identifying document type (select one from list of options)

State-issued driver's license

State/local/Tribe-issued ID

U.S. passport

Foreign passport (only if individual does not possess document type listed above)

\* Identifying document number \_\_\_\_\_

\* Identifying document issuing jurisdiction (select and complete one)

Country/Jurisdiction \_\_\_\_\_

State \_\_\_\_\_

Local/Tribal \_\_\_\_\_

Other local/Tribal name \_\_\_\_\_

\* Identifying document image (attach / upload image of identifying document)

### Part III. Beneficial Owner(s) Information

(Must report each Beneficial Owner as defined by FinCEN)

\* Total Beneficial Owners? \_\_\_\_\_ (Number includes any Exempt Entity owners in lieu of Beneficial Owners)

#### Provide information on each Beneficial Owner on the following pages.

NOTE: This questionnaire provides four (4) pre-numbered Beneficial Owner pages and a final “unnumbered” Beneficial Owner page. The unnumbered page may be utilized for a fifth (5<sup>th</sup>) Beneficial Owner or to be duplicated for additional Beneficial Owners.

- If there are five (5) total Beneficial Owners, enter “5” as the Total Beneficial Owners [ ] above and in the Beneficial Owner “# [ ]” field on the last page. Then enter the information for the fifth Beneficial Owner and return the completed questionnaire form to Capitol Services.
- If there are more than five (5) total Beneficial Owners, print/duplicate the last unnumbered page for each additional Beneficial Owner. Manually fill the “Beneficial Owner # [ ]” number plus information for each additional Beneficial Owner. Return a scanned copy for each additional Beneficial Owner page along with the completed questionnaire form to Capitol Services.

# Beneficial Ownership Information (BOI) Report Questionnaire\*

Please use this non-official form to provide required information for submission in the FinCEN filing system.



## Beneficial Owner #1

FinCEN ID \_\_\_\_\_

NOTE: If FinCEN Identifier is not provided, information about the Company Applicant must be provided in the fields below.

If FinCEN Identifier is provided for this Company Applicant, you do not need to complete the fields below.

## Name if an Entity (\* either an entity name or an individual name required)

**Exempt entity** (check if an exempt entity is being reported in lieu of a Beneficial Owner's information)

NOTE: If the box is checked and the entity name is entered below, then no other information is required on this page.

If exempt entity box is not checked, then complete the remainder of the page.

Entity Name \_\_\_\_\_

## Name if an Individual (\* either an entity name or an individual name required)

Individual's last name \_\_\_\_\_ (full legal name and date of birth required)

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_  
(required if the applicant has a middle name and/or a suffix)

Date of birth \_\_\_\_\_

**Parent/Guardian information instead of minor child**

(check if the Beneficial Owner is a minor and the parent/guardian information is provided instead)

## Residential street address:

\* Address \_\_\_\_\_  
(number, street, and apt. or suite no.)

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_

\* Country/Jurisdiction \_\_\_\_\_

## Form of identification and issuing jurisdiction:

\* **Identifying document type** (select one from list of options)

State-issued driver's license

State/local/Tribe-issued ID

U.S. passport

Foreign passport (only if individual does not possess document type listed above)

\* **Identifying document number** \_\_\_\_\_

\* **Identifying document issuing jurisdiction** (select and complete one)

Country/Jurisdiction \_\_\_\_\_

State \_\_\_\_\_

Local/Tribal \_\_\_\_\_

Other local/Tribal name \_\_\_\_\_

\* **Identifying document image** (attach / upload image of identifying document)

# Beneficial Ownership Information (BOI) Report Questionnaire\*

Please use this non-official form to provide required information for submission in the FinCEN filing system.



## Beneficial Owner #2

FinCEN ID \_\_\_\_\_

NOTE: If FinCEN Identifier is not provided, information about the Company Applicant must be provided in the fields below.

If FinCEN Identifier is provided for this Company Applicant, you do not need to complete the fields below.

## Name if an Entity (\* either an entity name or an individual name required)

**Exempt entity** (check if an exempt entity is being reported in lieu of a Beneficial Owner's information)

NOTE: If the box is checked and the entity name is entered below, then no other information is required on this page.

If exempt entity box is not checked, then complete the remainder of the page.

Entity Name \_\_\_\_\_

## Name if an Individual (\* either an entity name or an individual name required)

Individual's last name \_\_\_\_\_ (full legal name and date of birth required)

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_  
(required if the applicant has a middle name and/or a suffix)

Date of birth \_\_\_\_\_

**Parent/Guardian information instead of minor child**

(check if the Beneficial Owner is a minor and the parent/guardian information is provided instead)

## Residential street address:

\* Address \_\_\_\_\_  
(number, street, and apt. or suite no.)

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_

\* Country/Jurisdiction \_\_\_\_\_

## Form of identification and issuing jurisdiction:

\* **Identifying document type** (select one from list of options)

State-issued driver's license

State/local/Tribe-issued ID

U.S. passport

Foreign passport (only if individual does not possess document type listed above)

\* **Identifying document number** \_\_\_\_\_

\* **Identifying document issuing jurisdiction** (select and complete one)

Country/Jurisdiction \_\_\_\_\_

State \_\_\_\_\_

Local/Tribal \_\_\_\_\_

Other local/Tribal name \_\_\_\_\_

\* **Identifying document image** (attach / upload image of identifying document)



# Beneficial Ownership Information (BOI) Report Questionnaire\*

Please use this non-official form to provide required information for submission in the FinCEN filing system.



## Beneficial Owner #3

FinCEN ID \_\_\_\_\_

NOTE: If FinCEN Identifier is not provided, information about the Company Applicant must be provided in the fields below.

If FinCEN Identifier is provided for this Company Applicant, you do not need to complete the fields below.

## Name if an Entity (\* either an entity name or an individual name required)

**Exempt entity** (check if an exempt entity is being reported in lieu of a Beneficial Owner's information)

NOTE: If the box is checked and the entity name is entered below, then no other information is required on this page.

If exempt entity box is not checked, then complete the remainder of the page.

Entity Name \_\_\_\_\_

## Name if an Individual (\* either an entity name or an individual name required)

Individual's last name \_\_\_\_\_ (full legal name and date of birth required)

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_  
(required if the applicant has a middle name and/or a suffix)

Date of birth \_\_\_\_\_

**Parent/Guardian information instead of minor child**

(check if the Beneficial Owner is a minor and the parent/guardian information is provided instead)

## Residential street address:

\* Address \_\_\_\_\_  
(number, street, and apt. or suite no.)

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_

\* Country/Jurisdiction \_\_\_\_\_

## Form of identification and issuing jurisdiction:

\* **Identifying document type** (select one from list of options)

State-issued driver's license

State/local/Tribe-issued ID

U.S. passport

Foreign passport (only if individual does not possess document type listed above)

\* **Identifying document number** \_\_\_\_\_

\* **Identifying document issuing jurisdiction** (select and complete one)

Country/Jurisdiction \_\_\_\_\_

State \_\_\_\_\_

Local/Tribal \_\_\_\_\_

Other local/Tribal name \_\_\_\_\_

\* **Identifying document image** (attach / upload image of identifying document)

# Beneficial Ownership Information (BOI) Report Questionnaire\*

Please use this non-official form to provide required information for submission in the FinCEN filing system.



## Beneficial Owner #4

FinCEN ID \_\_\_\_\_

NOTE: If FinCEN Identifier is not provided, information about the Company Applicant must be provided in the fields below.

If FinCEN Identifier is provided for this Company Applicant, you do not need to complete the fields below.

## Name if an Entity (\* either an entity name or an individual name required)

**Exempt entity** (check if an exempt entity is being reported in lieu of a Beneficial Owner's information)

NOTE: If the box is checked and the entity name is entered below, then no other information is required on this page.

If exempt entity box is not checked, then complete the remainder of the page.

Entity Name \_\_\_\_\_

## Name if an Individual (\* either an entity name or an individual name required)

Individual's last name \_\_\_\_\_ (full legal name and date of birth required)

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_  
(required if the applicant has a middle name and/or a suffix)

Date of birth \_\_\_\_\_

**Parent/Guardian information instead of minor child**

(check if the Beneficial Owner is a minor and the parent/guardian information is provided instead)

## Residential street address:

\* Address \_\_\_\_\_  
(number, street, and apt. or suite no.)

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_

\* Country/Jurisdiction \_\_\_\_\_

## Form of identification and issuing jurisdiction:

\* Identifying document type (select one from list of options)

State-issued driver's license

State/local/Tribe-issued ID

U.S. passport

Foreign passport (only if individual does not possess document type listed above)

\* Identifying document number \_\_\_\_\_

\* Identifying document issuing jurisdiction (select and complete one)

Country/Jurisdiction \_\_\_\_\_

State \_\_\_\_\_

Local/Tribal \_\_\_\_\_

Other local/Tribal name \_\_\_\_\_

\* Identifying document image (attach / upload image of identifying document)

# Beneficial Ownership Information (BOI) Report Questionnaire\*

Please use this non-official form to provide required information for submission in the FinCEN filing system.



## Additional Beneficial Owner # (fill in the number)

**NOTE:** If a total of five (5) Beneficial Owners, then complete this page for Beneficial Owner #5. If the Beneficial Owner total is over four (4), then duplicate this page and manually complete a page for each additional Beneficial Owner. Include any separate "additional" Beneficial Owner pages (scanned) when submitting this completed form to Capitol Services.

FinCEN ID \_\_\_\_\_

NOTE: If FinCEN Identifier is not provided, information about the Company Applicant must be provided in the fields below.

If FinCEN Identifier is provided for this Company Applicant, you do not need to complete the fields below.

## Name if an Entity (\* either an entity name or an individual name required)

**Exempt entity** (check if an exempt entity is being reported in lieu of a Beneficial Owner's information)

NOTE: If the box is checked and the entity name is entered below, then no other information is required on this page.

If exempt entity box is not checked, then complete the remainder of the page.

Entity Name \_\_\_\_\_

## Name if an Individual (\* either an entity name or an individual name required)

Individual's last name \_\_\_\_\_ (full legal name and date of birth required)

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Suffix \_\_\_\_\_

(required if the applicant has a middle name and/or a suffix)

Date of birth \_\_\_\_\_

**Parent/Guardian information instead of minor child**

(check if the Beneficial Owner is a minor and the parent/guardian information is provided instead)

## Residential street address:

\* Address \_\_\_\_\_  
(number, street, and apt. or suite no.)

\* City \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_

\* Country/Jurisdiction \_\_\_\_\_

## Form of identification and issuing jurisdiction:

\* Identifying **document type** (select one from list of options)

State-issued driver's license

State/local/Tribe-issued ID

U.S. passport

Foreign passport (only if individual does not possess document type listed above)

\* Identifying **document number** \_\_\_\_\_

\* Identifying document **issuing jurisdiction** (select and complete one)

Country/Jurisdiction \_\_\_\_\_

State \_\_\_\_\_

Local/Tribal \_\_\_\_\_

Other local/Tribal name \_\_\_\_\_

\* Identifying **document image** (attach / upload image of identifying document)