

BENEFICIAL OWNERSHIP INFORMATION (BOI) REPORT FILING INSTRUCTIONS

DO I NEED TO FILE?

Most companies formed in the United States will be required to file. 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. Additionally, you can utilize our [CTA Exemption Wizard](#) to help make an initial assessment.

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.

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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](#).

WHAT YOU'LL NEED TO GET STARTED:

- Reporting Company information: tax ID number, jurisdiction of formation, and U.S. address.
- All Company Applicant identifying information and corresponding ID images, unless FinCEN ID numbers are provided.
- All Beneficial Owner identifying information and corresponding ID images, unless FinCEN ID numbers are provided.

HOW DO I PREPARE THIS SUBMISSION?

There are four (4) sections of this form:

1. Filing Information
2. Reporting Company Information
3. Company Applicants
4. Beneficial Owners

Complete the Questionnaire 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 all applicable company applicants and beneficial owners, completing all required applicable party fields.

HOW DO I SUBMIT?

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

Once in receipt of your filing information, we will submit the BOI Report to FinCEN and provide you with a confirmation number and a transcript of the filing with sensitive information redacted. 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 through this process. Contact us by email at CTA@capitolservices.com or by phone at 800.345.4647.

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

BENEFICIAL OWNERSHIP INFORMATION (BOI) REPORT FILING QUESTIONNAIRE

Use this unofficial form to provide required information for BOI submission in the FinCEN filing system.

1 SECTION I: FILING INFORMATION

FILING TYPE

- * **INDICATE TYPE OF FILING (SELECT ONE)** – If filing an initial report, indicate such and then proceed to Section II. If filing any other type of report, respond to the subsequent questions listed below on this page.
- INITIAL REPORT** – File a first time report. If selected, skip to Section II of this form.
 - CORRECTION TO PRIOR REPORT** – Correct a report that was previously filed with inaccurate and/or incomplete information.
 - UPDATE TO PRIOR REPORT** – Report a change in company and/or beneficial ownership information.
 - NEWLY EXEMPT ENTITY** – Company previously filed a report and now qualifies for an exemption. If selected, Sections II, III, and IV of this form do not need to be completed.

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FILING INFORMATION

In the following fields, list the company information as it reflects on the most recently filed report. **If you are filing an Initial Report, skip these fields and proceed to Section II.**

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 – Required for foreign tax IDs only.

2 SECTION II: REPORTING COMPANY INFORMATION

- REQUEST TO RECEIVE FINCEN IDENTIFIER** – Select to receive a FinCEN ID.
- FOREIGN POOLED INVESTMENT VEHICLE** – Select if Reporting Company is a foreign pooled investment vehicle. If selected, skip Section 3 and indicate the one Beneficial Owner who has the greatest substantial control over the entity in Section 4.

NAME(S) AND TAX IDENTIFICATION

- * **REPORTING COMPANY LEGAL NAME** – Include corporate ending (e.g., Inc, LLC, LP).

ALTERNATE NAME(S) – Multiple names (e.g., trade name, DBA) may be reported below.

- * **TAX IDENTIFICATION TYPE (SELECT ONE)**

- EIN** – Employer Identification Number
- SSN/ITIN** – Social Security Number or Individual Taxpayer Identification Number
- FOREIGN**

- * **TAX IDENTIFICATION NUMBER** _____

TAX IDENTIFICATION COUNTRY / JURISDICTION – Required for foreign tax IDs only.

JURISDICTION OF FORMATION

- * **DOMESTIC OR FOREIGN REPORTING COMPANY (SELECT ONE)** – Select the appropriate box and then enter jurisdiction information in the corresponding field.

- DOMESTIC** – List the U.S. State, Tribe, or Other Jurisdiction below.

- FOREIGN** – List the Country or Foreign Jurisdiction and the First U.S. State of Registration.

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SECTION II: REPORTING COMPANY INFORMATION

CURRENT U.S. STREET ADDRESS

* **ADDRESS** – List the complete street address (e.g., 501 Main Street, Suite 1).

* **CITY / STATE / ZIP** _____

* **U.S. OR U.S. TERRITORY** – Specify U.S. or indicate which U.S. Territory.

EXISTING REPORTING COMPANY DESIGNATION

EXISTING REPORTING COMPANY – Select if Reporting Company was created or registered prior to 2024. If selected, proceed to Section IV of this form.

3 SECTION III.A: COMPANY APPLICANT #1

Is this company an existing reporting company (created or registered prior to 2024)? If yes, skip to Section IV. If not, you must report your Company Applicant(s); the fields below pertain to Company Applicant #1.

COMPANY APPLICANT #1 FINCEN ID

FINCEN ID _____

If FinCEN Identifier is provided, the remaining Company Applicant #1 fields are not required.

FULL LEGAL NAME AND DATE OF BIRTH

* **LAST NAME** _____

* **FIRST NAME** _____

MIDDLE NAME (Required if applicable) _____

SUFFIX (Required if applicable) _____

* **DATE OF BIRTH** (Month/Date/Year) _____

CURRENT STREET ADDRESS

* **ADDRESS TYPE (SELECT ONE)** **BUSINESS** **RESIDENTIAL**

* **ADDRESS** _____

* **CITY / STATE / ZIP** _____

* **COUNTRY / JURISDICTION** _____

3 SECTION III.A: COMPANY APPLICANT #1

FORM OF IDENTIFICATION AND ISSUING JURISDICTION

*** IDENTIFYING DOCUMENT TYPE (SELECT ONE)**

- STATE-ISSUED DRIVER'S LICENSE
- STATE, LOCAL, OR TRIBE-ISSUED ID
- U.S. PASSPORT
- FOREIGN PASSPORT (Only acceptable if individual does not possess ID types listed above.)

*** IDENTIFYING DOCUMENT NUMBER** _____

*** IDENTIFYING DOCUMENT ISSUING JURISDICTION (SELECT AND COMPLETE ONE)**

- COUNTRY / JURISDICTION _____
- STATE _____
- LOCAL OR TRIBAL _____

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UPLOAD PROOF OF IDENTIFICATION

Proof of ID is required. Upload and submit a copy of the ID through CapitolBCM.

3 SECTION III.B: COMPANY APPLICANT #2 (OPTIONAL)

Is this company an existing reporting company (created or registered prior to 2024)? If yes, skip to Section IV. If not, you must report your Company Applicant(s); the fields below pertain to Company Applicant #2.

COMPANY APPLICANT #2 FINCEN ID

FINCEN ID _____

If FinCEN Identifier is provided, the remaining Company Applicant #2 fields are not required.

FULL LEGAL NAME AND DATE OF BIRTH

* **LAST NAME** _____

* **FIRST NAME** _____

MIDDLE NAME (Required if applicable) _____

SUFFIX (Required if applicable) _____

* **DATE OF BIRTH** (Month/Date/Year) _____

CURRENT STREET ADDRESS

* **ADDRESS TYPE (SELECT ONE)** **BUSINESS** **RESIDENTIAL**

* **ADDRESS** _____

* **CITY / STATE / ZIP** _____

* **COUNTRY / JURISDICTION** _____

3 SECTION III.B: COMPANY APPLICANT #2 (OPTIONAL)

FORM OF IDENTIFICATION AND ISSUING JURISDICTION

*** IDENTIFYING DOCUMENT TYPE (SELECT ONE)**

- STATE-ISSUED DRIVER'S LICENSE
- STATE, LOCAL, OR TRIBE-ISSUED ID
- U.S. PASSPORT
- FOREIGN PASSPORT (Only acceptable if individual does not possess ID types listed above.)

*** IDENTIFYING DOCUMENT NUMBER** _____

*** IDENTIFYING DOCUMENT ISSUING JURISDICTION (SELECT AND COMPLETE ONE)**

- COUNTRY / JURISDICTION _____
- STATE _____
- LOCAL OR TRIBAL _____

UPLOAD PROOF OF IDENTIFICATION

Proof of ID is required. Upload and submit a copy of the ID through CapitolBCM.

4 SECTION IV: BENEFICIAL OWNERSHIP INFORMATION

BENEFICIAL OWNERS

TOTAL NUMBER OF BENEFICIAL OWNERS INCLUDED WITH SUBMISSION: _____

Indicate the total number of Beneficial Owners listed for this company. Number should include Exempt Entity Owners in lieu of Beneficial Owners, if any.

HELPFUL TIPS

This section of the questionnaire provides four (4) Beneficial Owner forms labeled 1-4, and a fifth (5th) fillable form that allows for number insertion as necessary:

- Beneficial Owner #1
- Beneficial Owner #2
- Beneficial Owner #3
- Beneficial Owner #4
- Beneficial Owner # _____

If listing more than four (4) Beneficial Owners you may utilize the fifth (5th) un-numbered form to accommodate as many Beneficial Owners as needed. A fillable numeral designation field is listed at the top of the form in which you would insert the corresponding number of the Beneficial Owner being added.

For example: for a fifth (5th) Beneficial Owner, a "5" would be entered into the field so that it reads "BENEFICIAL OWNER # 5", and for a tenth (10th) Beneficial Owner, it would read "BENEFICIAL OWNER # 10".

This un-numbered form can be completed and re-saved as many times as necessary to accommodate all of your Beneficial Owners. Each additional Beneficial Owner form will need to be included with your submission attachments.

The image shows a screenshot of the 'SECTION IV: BENEFICIAL OWNER #' form. A dashed blue circle highlights the 'BENEFICIAL OWNER #' field, which is currently empty. Below this field is the 'FINCEN ID' field. The form includes sections for 'BENEFICIAL OWNER TYPE' (with options for Exempt Entity and Individual), 'BENEFICIAL OWNER INFORMATION' (with fields for Entity Name, Last Name, First Name, Middle Name, Suffix, and Date of Birth), and 'PARENT OR GUARDIAN DESIGNATION' (with a checkbox for 'PARENT/GUARDIAN INFORMATION LISTED').

Note: The highlighted area in the detail indicates where to enter the corresponding number to accommodate additional Beneficial Owners.

4 SECTION IV: BENEFICIAL OWNER #1

BENEFICIAL OWNER #1 FINCEN ID

FINCEN ID _____

If FinCEN Identifier is provided, the remaining Beneficial Owner #1 fields are not required.

BENEFICIAL OWNER TYPE

Select the owner type classification that applies. Exempt Entity should only be selected if the Beneficial Owner holds its ownership interest in the reporting company through one or more exempt entities, and the name of that exempt entity or entities are being reported in lieu of the Beneficial Owner's information. If listing an Exempt Entity, address and proof of ID will not be required.

BENEFICIAL OWNER TYPE (SELECT ONE) **INDIVIDUAL** **EXEMPT ENTITY**

BENEFICIAL OWNER INFORMATION

* **LAST NAME** (Required if Individual) _____

* **FIRST NAME** (Required if Individual) _____

MIDDLE NAME (Required if applicable) _____

SUFFIX (Required if applicable) _____

* **DATE OF BIRTH** (Required if Individual - Month/Date/Year) _____

* **EXEMPT ENTITY NAME** (Required if Exempt Entity)

PARENT OR GUARDIAN DESIGNATION

PARENT/GUARDIAN INFORMATION LISTED – Select if the Beneficial Owner is a minor and the parent/guardian information is provided in place of the minor child's.

4 SECTION IV: BENEFICIAL OWNER #1

RESIDENTIAL STREET ADDRESS

* ADDRESS _____

* CITY / STATE / ZIP _____

* COUNTRY / JURISDICTION _____

FORM OF IDENTIFICATION AND ISSUING JURISDICTION

* IDENTIFYING DOCUMENT TYPE (SELECT ONE)

- STATE-ISSUED DRIVER'S LICENSE
- STATE, LOCAL, OR TRIBE-ISSUED ID
- U.S. PASSPORT
- FOREIGN PASSPORT (Only acceptable if individual does not possess ID types listed above.)

* IDENTIFYING DOCUMENT NUMBER _____

* IDENTIFYING DOCUMENT ISSUING JURISDICTION (SELECT AND COMPLETE ONE)

- COUNTRY / JURISDICTION _____
- STATE _____
- LOCAL OR TRIBAL _____

UPLOAD PROOF OF IDENTIFICATION

Proof of ID is required. Upload and submit a copy of the ID through CapitoIBC.

4 SECTION IV: BENEFICIAL OWNER #2 (OPTIONAL)

BENEFICIAL OWNER #2 FINCEN ID

FINCEN ID _____

If FinCEN Identifier is provided, the remaining Beneficial Owner #2 fields are not required.

BENEFICIAL OWNER TYPE

Select the owner type classification that applies. Exempt Entity should only be selected if the Beneficial Owner holds its ownership interest in the reporting company through one or more exempt entities, and the name of that exempt entity or entities are being reported in lieu of the Beneficial Owner's information. If listing an Exempt Entity, address and proof of ID will not be required.

BENEFICIAL OWNER TYPE (SELECT ONE) **INDIVIDUAL** **EXEMPT ENTITY**

BENEFICIAL OWNER INFORMATION

* **LAST NAME** (Required if Individual) _____

* **FIRST NAME** (Required if Individual) _____

MIDDLE NAME (Required if applicable) _____

SUFFIX (Required if applicable) _____

* **DATE OF BIRTH** (Required if Individual - Month/Date/Year) _____

* **EXEMPT ENTITY NAME** (Required if Exempt Entity)

PARENT OR GUARDIAN DESIGNATION

PARENT/GUARDIAN INFORMATION LISTED – Select if the Beneficial Owner is a minor and the parent/guardian information is provided in place of the minor child's.

4 SECTION IV: BENEFICIAL OWNER #2 (OPTIONAL)

RESIDENTIAL STREET ADDRESS

* ADDRESS _____

* CITY / STATE / ZIP _____

* COUNTRY / JURISDICTION _____

FORM OF IDENTIFICATION AND ISSUING JURISDICTION

* IDENTIFYING DOCUMENT TYPE (SELECT ONE)

- STATE-ISSUED DRIVER'S LICENSE
- STATE, LOCAL, OR TRIBE-ISSUED ID
- U.S. PASSPORT
- FOREIGN PASSPORT (Only acceptable if individual does not possess ID types listed above.)

* IDENTIFYING DOCUMENT NUMBER _____

* IDENTIFYING DOCUMENT ISSUING JURISDICTION (SELECT AND COMPLETE ONE)

- COUNTRY / JURISDICTION _____
- STATE _____
- LOCAL OR TRIBAL _____

UPLOAD PROOF OF IDENTIFICATION

Proof of ID is required. Upload and submit a copy of the ID through CapitolBCM.

4 SECTION IV: BENEFICIAL OWNER #3 (OPTIONAL)

BENEFICIAL OWNER #3 FINCEN ID

FINCEN ID _____

If FinCEN Identifier is provided, the remaining Beneficial Owner #3 fields are not required.

BENEFICIAL OWNER TYPE

Select the owner type classification that applies. Exempt Entity should only be selected if the Beneficial Owner holds its ownership interest in the reporting company through one or more exempt entities, and the name of that exempt entity or entities are being reported in lieu of the Beneficial Owner's information. If listing an Exempt Entity, address and proof of ID will not be required.

BENEFICIAL OWNER TYPE (SELECT ONE) **INDIVIDUAL** **EXEMPT ENTITY**

BENEFICIAL OWNER INFORMATION

* **LAST NAME** (Required if Individual) _____

* **FIRST NAME** (Required if Individual) _____

MIDDLE NAME (Required if applicable) _____

SUFFIX (Required if applicable) _____

* **DATE OF BIRTH** (Required if Individual - Month/Date/Year) _____

* **EXEMPT ENTITY NAME** (Required if Exempt Entity)

PARENT OR GUARDIAN DESIGNATION

PARENT/GUARDIAN INFORMATION LISTED – Select if the Beneficial Owner is a minor and the parent/guardian information is provided in place of the minor child's.

4 SECTION IV: BENEFICIAL OWNER #3 (OPTIONAL)

RESIDENTIAL STREET ADDRESS

* ADDRESS _____

* CITY / STATE / ZIP _____

* COUNTRY / JURISDICTION _____

FORM OF IDENTIFICATION AND ISSUING JURISDICTION

* IDENTIFYING DOCUMENT TYPE (SELECT ONE)

- STATE-ISSUED DRIVER'S LICENSE
- STATE, LOCAL, OR TRIBE-ISSUED ID
- U.S. PASSPORT
- FOREIGN PASSPORT (Only acceptable if individual does not possess ID types listed above.)

* IDENTIFYING DOCUMENT NUMBER _____

* IDENTIFYING DOCUMENT ISSUING JURISDICTION (SELECT AND COMPLETE ONE)

- COUNTRY / JURISDICTION _____
- STATE _____
- LOCAL OR TRIBAL _____

UPLOAD PROOF OF IDENTIFICATION

Proof of ID is required. Upload and submit a copy of the ID through CapitolBCM.

4 SECTION IV: BENEFICIAL OWNER #4 (OPTIONAL)

BENEFICIAL OWNER #4 FINCEN ID

FINCEN ID _____

If FinCEN Identifier is provided, the remaining Beneficial Owner #4 fields are not required.

BENEFICIAL OWNER TYPE

Select the owner type classification that applies. Exempt Entity should only be selected if the Beneficial Owner holds its ownership interest in the reporting company through one or more exempt entities, and the name of that exempt entity or entities are being reported in lieu of the Beneficial Owner's information. If listing an Exempt Entity, address and proof of ID will not be required.

BENEFICIAL OWNER TYPE (SELECT ONE) **INDIVIDUAL** **EXEMPT ENTITY**

BENEFICIAL OWNER INFORMATION

* **LAST NAME** (Required if Individual) _____

* **FIRST NAME** (Required if Individual) _____

MIDDLE NAME (Required if applicable) _____

SUFFIX (Required if applicable) _____

* **DATE OF BIRTH** (Required if Individual - Month/Date/Year) _____

* **EXEMPT ENTITY NAME** (Required if Exempt Entity)

PARENT OR GUARDIAN DESIGNATION

PARENT/GUARDIAN INFORMATION LISTED – Select if the Beneficial Owner is a minor and the parent/guardian information is provided in place of the minor child's.

4 SECTION IV: BENEFICIAL OWNER #4 (OPTIONAL)

RESIDENTIAL STREET ADDRESS

* ADDRESS _____

* CITY / STATE / ZIP _____

* COUNTRY / JURISDICTION _____

FORM OF IDENTIFICATION AND ISSUING JURISDICTION

* IDENTIFYING DOCUMENT TYPE (SELECT ONE)

- STATE-ISSUED DRIVER'S LICENSE
- STATE, LOCAL, OR TRIBE-ISSUED ID
- U.S. PASSPORT
- FOREIGN PASSPORT (Only acceptable if individual does not possess ID types listed above.)

* IDENTIFYING DOCUMENT NUMBER _____

* IDENTIFYING DOCUMENT ISSUING JURISDICTION (SELECT AND COMPLETE ONE)

- COUNTRY / JURISDICTION _____
- STATE _____
- LOCAL OR TRIBAL _____

UPLOAD PROOF OF IDENTIFICATION

Proof of ID is required. Upload and submit a copy of the ID through CapitolBCM.

4 SECTION IV: BENEFICIAL OWNER # _____ (FOR USE AS NEEDED)

BENEFICIAL OWNER FINCEN ID

FINCEN ID _____

If FinCEN Identifier is provided, the remaining Beneficial Owner fields are not required.

BENEFICIAL OWNER TYPE

Select the owner type classification that applies. Exempt Entity should only be selected if the Beneficial Owner holds its ownership interest in the reporting company through one or more exempt entities, and the name of that exempt entity or entities are being reported in lieu of the Beneficial Owner's information. If listing an Exempt Entity, address and proof of ID will not be required.

BENEFICIAL OWNER TYPE (SELECT ONE) **INDIVIDUAL** **EXEMPT ENTITY**

BENEFICIAL OWNER INFORMATION

* **LAST NAME** (Required if Individual) _____

* **FIRST NAME** (Required if Individual) _____

MIDDLE NAME (Required if applicable) _____

SUFFIX (Required if applicable) _____

* **DATE OF BIRTH** (Required if Individual - Month/Date/Year) _____

* **EXEMPT ENTITY NAME** (Required if Exempt Entity)

PARENT OR GUARDIAN DESIGNATION

PARENT/GUARDIAN INFORMATION LISTED – Select if the Beneficial Owner is a minor and the parent/guardian information is provided in place of the minor child's.

4**SECTION IV: BENEFICIAL OWNER # _____ (FOR USE AS NEEDED)****RESIDENTIAL STREET ADDRESS**

* **ADDRESS** _____

* **CITY / STATE / ZIP** _____

* **COUNTRY / JURISDICTION** _____

FORM OF IDENTIFICATION AND ISSUING JURISDICTION

* **IDENTIFYING DOCUMENT TYPE (SELECT ONE)**

- STATE-ISSUED DRIVER'S LICENSE**
- STATE, LOCAL, OR TRIBE-ISSUED ID**
- U.S. PASSPORT**
- FOREIGN PASSPORT** (Only acceptable if individual does not possess ID types listed above.)

* **IDENTIFYING DOCUMENT NUMBER** _____

* **IDENTIFYING DOCUMENT ISSUING JURISDICTION (SELECT AND COMPLETE ONE)**

- COUNTRY / JURISDICTION** _____
- STATE** _____
- LOCAL OR TRIBAL** _____

UPLOAD PROOF OF IDENTIFICATION

Proof of ID is required. Upload and submit a copy of the ID through CapitolBCM.