

**FinCEN Form 114**

Department of the Treasury  
OMB no. 1506-0009

(Rev September 2013)

**REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS**

**Do NOT file with your Federal Tax Return**  
**Do not use previous editions of this form**

1 This report is for calendar year ended 12/31

**2023**

Amended

**Part I Filer information**

2 Type of Filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or Other — Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number

126703223

*if filer has no U.S. Identification Number complete item 4*

3a TIN type

SSN/ITIN

EIN

4 Foreign identification (Complete only if item 3 is not applicable)

a Type:  Passport  Foreign TIN  Other \_\_\_\_\_

b Number \_\_\_\_\_ c Country of Issue \_\_\_\_\_

5 Individual's date of birth MM/DD/YYYY

2/22/1961

6 Last Name or Organization Name

HAZAN

7 First Name

MORDECHAI

8 Middle Initial 8a Suffix

9 Mailing address (number, street, and apartment or suite number)

6207 HOLLY CREEK DRIVE

10 City

ONTARIO

11 State

NY

12 ZIP/Postal Code

14519

13 Country

US

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

Yes Enter total number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.

No

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

Yes Enter total number of accounts \_\_\_\_\_ Complete Part IV, items 34 through 43 for each person on whose behalf the filer has signature authority.

No

**Part II Information on financial account(s) owned separately**

15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)

15a Amount unknown

16 Type of account a  Bank b  Securities c  Other — Enter type below \_\_\_\_\_

17 Name of Financial Institution in which account is held

18 Account number or other designation

19 Mailing address (number, street, or suite number) of financial institution in which account is held

20 City

21 State, if known

22 Foreign postal code, if known

23 Country

**Signature**

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

44 Filer Signature  
The report will be electronically signed when filed

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)  
This date will auto-fill when the FBAR is electronically signed

**Third Party Preparer Use Only**

47 Preparer's first name

SUSAN K AKI-SANFORD

48 MI

49 Last name

50 Check  if self-employed

51 TIN

P00059321

51a TIN type  PTIN  SSN/ITIN  Foreign

52 Contact phone no.

(818) 846-1619

52a Ext

53 Firm's name

SUSAN JAMES & ASSOCIATES INC

54 Firm's TIN

95-4769029

54a TIN type  EIN  Foreign

55 Mailing address (number, street, apartment or suite number)

1023 N HOLLYWOOD WAY #101

56 City

BURBANK

57 State

CA

58 ZIP/Postal Code

91505

59 Country

US

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 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 Form 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, for failure to 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. 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.

Part III Information on financial account(s) owned jointly

FinCEN Form 114

Complete a separate block for each account owned jointly

Page Number

Add an additional Part III page as many times as necessary in order to provide information on all accounts

2 of 2

|  |   |   |
|--|---|---|
| 1 Filing for calendar year<br><br>2023 | 3-4 Check appropriate identification number<br><input checked="" type="checkbox"/> Taxpayer Identification Number<br><input type="checkbox"/> Foreign identification number<br>Enter identification number here:<br>126703223 | 6 Last name or organization name<br><br>HAZAN |
|--|---|---|

|   |  |   |
|---|--|---|
| 15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2)<br><br>50,874. | 15a Amount unknown<br><input type="checkbox"/> | 16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below |
|---|--|---|

|  |
|--|
| 17 Name of financial institution in which account is held<br><br>MIZRACHI TEFAHOT BANK |
|--|

|  |   |
|--|---|
| 18 Account number or other designation<br><br>462-349120 | 19 Mailing address (number, street, apartment or suite number) of financial institution in which account is held<br><br>1 HABANIM |
|--|---|

|                         |                    |   |                      |
|-------------------------|--------------------|---|----------------------|
| 20 City<br><br>TIBERIAS | 21 State, if known | 22 Foreign postal code, if known<br><br>1424224 | 23 Country<br><br>IL |
|-------------------------|--------------------|---|----------------------|

|   |  |  |
|---|--|--|
| 24 Number of joint owners for this account<br><br>1 | 25 Taxpayer Identification Number (TIN) of principal joint owner, if known. See instructions.<br><br>059606104 | 25a TIN type <input type="checkbox"/> EIN<br><input checked="" type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign |
|---|--|--|

|   |  |                             |            |
|---|--|-----------------------------|------------|
| 26 Last name or organization name of principal joint owner<br><br>HAZAN | 27 First name of principal joint owner, if known<br><br>KATHLEEN | 28 Middle initial, if known | 28a Suffix |
|---|--|-----------------------------|------------|

|   |
|---|
| 29 Mailing address (number, street, apartment or suite number) of principal joint owner, if known<br><br>6207 HOLLY CREEK DRIVE |
|---|

|                                  |                              |   |                                |
|----------------------------------|------------------------------|---|--------------------------------|
| 30 City, if known<br><br>ONTARIO | 31 State, if known<br><br>NY | 32 ZIP/Postal Code, if known<br><br>14519 | 33 Country, if known<br><br>US |
|----------------------------------|------------------------------|---|--------------------------------|

|  |  |  |
|--|--|--|
| 15 Maximum value of account during calendar year (See instructions under Monetary amounts, step 2) | 15a Amount unknown<br><input type="checkbox"/> | 16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below |
|--|--|--|

|   |
|---|
| 17 Name of financial institution in which account is held |
|---|

|  |  |
|--|--|
| 18 Account number or other designation | 19 Mailing address (number, street, apartment or suite number) of financial institution in which account is held |
|--|--|

|         |                    |                                  |            |
|---------|--------------------|----------------------------------|------------|
| 20 City | 21 State, if known | 22 Foreign postal code, if known | 23 Country |
|---------|--------------------|----------------------------------|------------|

|  |   |   |
|--|---|---|
| 24 Number of joint owners for this account | 25 Taxpayer Identification Number (TIN) of principal joint owner, if known. See instructions. | 25a TIN type <input type="checkbox"/> EIN<br><input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign |
|--|---|---|

|  |  |                             |            |
|--|--|-----------------------------|------------|
| 26 Last name or organization name of principal joint owner | 27 First name of principal joint owner, if known | 28 Middle initial, if known | 28a Suffix |
|--|--|-----------------------------|------------|

|   |
|---|
| 29 Mailing address (number, street, apartment or suite number) of principal joint owner, if known |
|---|

|                   |                    |                              |                      |
|-------------------|--------------------|------------------------------|----------------------|
| 30 City, if known | 31 State, if known | 32 ZIP/Postal Code, if known | 33 Country, if known |
|-------------------|--------------------|------------------------------|----------------------|