

Mail to: **Licensing Office**
 Nevada Financial Institutions Division
 1830 E. College Pkwy, Ste 100
 Carson City, NV 89706

Date Received (Stamp)

**ANNUAL REPORT: DEFERRED DEPOSIT LOANS, HIGH INTEREST LOANS,
TITLE LOANS, AND/OR CHECK CASHING SERVICES**

Annual Report Due Date: April 15, 2017

For The Year Ended December 31, 2016

**Please Note: The Annual Report must be mailed as a hard copy to the Division.
The Division will not accept emailed Annual Reports.**

Request for an Extension of Time must be documented by Email to: mmyoung@fid.state.nv.us

1 Name of Licensee: _____

2 dba (if applicable): _____

3 Current License Number: _____

4 Nevada Business Address: _____

5 Mailing Address (if different): _____

6 Date Licensee Began Business: _____

7 Describe business form: corporation, partnership, association, sole proprietor, etc.:

If a corporation, provide which state and date of incorporation:

State: _____ Date: _____

8 Provide the name of any business other than a Deferred Deposit/High Interest/Title Loans and/or Check Cashing Service conducted at same office:

9 Provide names of principal officers at the close of year covered by this Annual Report:

A President: _____

B Secretary: _____

C Treasurer: _____

D Owner/Manager: _____

Where sufficient space is not provided on this Annual Report to properly set forth the facts, attach appropriately labeled schedules reflecting the necessary details.

If any person or affiliated group holds more than one license in this state, it may file a composite annual report.

**** Please be sure to complete parts 10 and 11 below, and the AFFIDAVIT. ****

- 10 Submit audited, reviewed, or compiled financial statements for the Annual Report year ended December 31, which should include the auditor’s opinion or accountant’s report and notes to the financial statements. If a CPA is not engaged for an audit, review, or compilation of financial statements, then submit at a minimum 1) a Statement of Assets, Liabilities, & Owners’ Equity [balance sheet], and 2) a Statement of Operations [revenue & expenses or profit & loss]. A complete business tax return (less any K-1s) that includes a completed balance sheet may be submitted in lieu of internally prepared financial statements. A Form 1040 with a Schedule C is NOT acceptable.
- 11 Enclose a copy of the operations bank statement, along with the account reconciliation, for the month ended December 31 of this Annual Report year. For the outstanding checks, include: 1) check number, 2) payee, 3) date issued, and 4) amount. A computer print-out of the account reconciliation is preferred. Reconciled cash balance must reasonably agree with the cash balance reflected on the balance sheet.

AFFIDAVIT

I, _____, the undersigned, being the
 _____ of _____,
 (Owner, officer title, or manager) (Company name)

swear and affirm, under penalty of perjury, that to the best of my knowledge and belief the statements contained in this report, including the accompanying supplementals, are true and complete in all respects.

Signature of owner, officer, or manager

ACKNOWLEDGEMENT OF NOTARY PUBLIC

Taken, subscribed and sworn to before the undersigned authority in _____
 County, in the State of _____ this ____ day of _____, 20____.

Notary Seal:

Signature of Notary Public

**** Retain a copy of this report for your files ****
**** Mail original to the address reflected at the top of the first page of this report ****
**** Nevada Revised Statutes require a fee of \$10.00 per day for late, erroneous, or deficient filings. ****