

Mail to: Licensing Office  
Nevada Financial Institutions Division  
1830 E. College Parkway, Suite 100  
Carson City, NV 89706-7905

Date Received (Stamp)

## COLLECTION AGENCY ANNUAL REPORT TO COMMISSIONER

For The Year Ended: December 31, 2017 or Current Fiscal Year End

**Due Date**

- 1) Pursuant to NRS 649.345(1), the required Annual Report is due January 31<sup>st</sup> each year.
- 2) Pursuant to NAC 649.081, the Financial Institutions Division requires a CPA prepared report of financial standing annually, and before the renewal of a license or a certificate. Therefore, the FID will automatically grant an extension until April 15, 2018 if **Annual Report, CPA prepared Financial Statements along with supporting documents are submitted at the same time.**

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

**Request for an Extension of Time past April 15<sup>th</sup>,** must be submitted to Tatevik Movsisian, CPA by Email to avoid late fees and/or delays in renewal: [tmovsisian@fid.state.nv.us](mailto:tmovsisian@fid.state.nv.us)

Collection Agency Name (DBA): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

**LIST QUALIFIED MANAGERS**

Name	Certificate Number
_____	_____
_____	_____

**REQUIRED**

1. Pursuant to NRS 649.345(1)(e) and NAC 649.081, provide a *report of the agency's financial standing* for the Annual Report year ended December 31<sup>st</sup> or current fiscal year end, which must be prepared by a licensed certified public accountant (CPA) in good standing in the state where the Annual Report is prepared. At a minimum, the *report of the agency's financial standing* must include: 1) a signed and dated letter written on letterhead reflecting that a CPA in good standing "prepared" the report of financial standing, 2) a Statement of Assets, Liabilities, & Owners' Equity [balance sheet], and 3) a Statement of Operations [income statement or profit & loss]. A CPA prepared "modified" compilation that is not a full GAAP engagement, i.e., without the cash flow statement, the statement of shareholders' equity, and notes to the financial statements, is certainly acceptable.

If the agency is majority owned by a parent company, then complete audited, reviewed or compiled financial statements of the parent may be submitted instead – include verification of the parent/subsidiary relationship. If the agency or its parent is a publicly traded corporation reporting to the SEC whose financial statements can be found online, then a detailed note indicating such is acceptable.

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**NOTE:** Where sufficient space is not provided anywhere on this Annual Report to properly set forth the facts, attach appropriately labeled schedules reflecting the necessary details. If the agency operates more than one licensed office, ***separate Annual Reports for each licensed office must be completed.***  
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2. Pursuant to NRS 649.345(1)(b), enclose a copy of the bank statement along with a copy of the account reconciliation for the month ended December 31<sup>st</sup> or current fiscal year end of the Annual Report year for each trust account established to collect funds for Nevada clients/customers/creditors, whether other client's collected funds are/were included in the trust account, and whether it incurred any Nevada client activity or no activity during the Annual Report year. A computer print-out of all trust account reconciliations is preferred; otherwise, complete the reconciliation schedule below for each trust account. On the schedule below, the \*Adjusted bank balance at December 31<sup>st</sup> or current fiscal year end, must agree to the \*Adjusted G/L or checkbook balance at December 31<sup>st</sup> or current fiscal year end.

**Trust Account Reconciliation**

**Ending cash balance per bank statement** \$ \_\_\_\_\_

**Add** total of deposits made by December 31<sup>st</sup> or current fiscal year end that are not reflected on bank statement. If no computer reconciliation available, then provide copies of deposits. \$ \_\_\_\_\_

**Subtract** total of checks written as of December 31<sup>st</sup> or current fiscal year end that are not reflected on bank statement. If no computer reconciliation available, then list checks on following page. \$ \_\_\_\_\_

**\*Adjusted bank balance\* at December 31<sup>st</sup> or current fiscal year end** \$ \_\_\_\_\_

**G/L or checkbook balance** \$ \_\_\_\_\_

Subtract bank service charges reflected on bank statement \$ \_\_\_\_\_

**\*Adjusted G/L or checkbook balance at December 31<sup>st</sup> or current fiscal year** \$ \_\_\_\_\_

Subtract 'funds due clients at December 31<sup>st</sup> or current fiscal year end \$ \_\_\_\_\_

**Cash Over or (Short)** \$ \_\_\_\_\_

**Note:** If the 'funds due clients at December 31<sup>st</sup> or current fiscal year end above exceeds (Short) the \*Adjusted G/L or checkbook balance at December 31<sup>st</sup> or current fiscal year end above, then provide a copy of the applicable bank deposit made to cover the cash shortage (The balance in the trust account must always equal or exceed the funds due clients/customers/creditors).





**AFFIDAVIT**

I, \_\_\_\_\_, the undersigned, being the

\_\_\_\_\_ on behalf of \_\_\_\_\_  
(Owner, officer title, or manager) (Collection agency)

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 supplemental, 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 Statute requires a fee of \$10.00 per day for a late filing of the Annual Report.* \*\*