



DEPARTMENT OF BUSINESS AND INDUSTRY

FINANCIAL INSTITUTIONS DIVISION

COLLECTION AGENCY ANNUAL REPORT TO COMMISSIONER

The Collection Agency Annual Report to the Commissioner **for the year ending: December 31, 2018 or Current Fiscal Year End** is due as described below:

Due Date

1) Pursuant to NRS 649.345(1), the required Annual Report is due January 31st each year.

2) Pursuant to NAC 649.081, the State of Nevada Financial Institutions Division (NFID) requires a Certified Public Accountant (CPA) prepared report of financial standing annually, and before the renewal of a license or a certificate. **Therefore, the NFID will automatically grant an extension until April 15, 2019, if the Annual Report, CPA prepared Financial Statements along with the supporting documentation are sent together in one submission.**

Please Note: The Annual Report, CPA prepared Financial Statements and supporting documentation must be submitted by email to fidcpa@fid.state.nv.us

The Subject line of the email must include: entity name/DBA, license number and license type

Request for an extension to submit the report past April 15th, must be submitted to Tatevik Movsisian, CPA by email to avoid late fees and/or delays in renewal: tmovsisian@fid.state.nv.us

A licensee or certificate holder who fails to renew its license or certificate by June 30, 2019, is not licensed pursuant to the provisions of NRS Chapter 649 and must cease operations until the NFID issues an active/valid license or certificate. Operating without a license or a certificate constitutes unlicensed activity and may result in disciplinary action that includes, but is not limited to, the issuance of an order to cease and desist and administrative fines.

The NFID cannot renew a license or certificate until the annual report, financial statements and supporting documentation are submitted and approved by the NFID's CPA. In addition, any outstanding assessment fees, examination fees or late fees must be paid prior to renewal.

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 31st 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.

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.***

2. Pursuant to NRS 649.345(1)(b), enclose a copy of the trust account bank statement(s) along with a copy of the account reconciliation for the month ended December 31st 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 31st or current fiscal year end, must agree to the *Adjusted G/L or checkbook balance at December 31st or current fiscal year end.

Trust Account Reconciliation

Ending cash balance per bank statement \$ _____

Add total of deposits made by December 31st 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 31st 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 31st 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 31st or current fiscal year*** \$ _____

Subtract ‘funds due clients at December 31st or current fiscal year end \$ _____

Cash Over or (Short) \$ _____

Note: If the ‘funds due clients at December 31st or current fiscal year end above exceeds (Short) the **Adjusted G/L or checkbook balance at December 31st 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, which 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 me in the county of _____

State of _____ this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires (date)

Notary Seal:

**** Retain a copy of this Report for your files. ****

**** Nevada Revised Statute requires a fee of \$10.00 per day for a late, erroneous, or deficient filings of the Annual Report. ****