

Mail To:  
Licensing Office  
Nevada Financial Institutions Division  
1830 E. College Pkwy, Suite 100  
Carson City, NV 89706

Received Date Stamp

Annual Report Due Date: **April 15, 2018**

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)

Please Note: The Annual Report and associated documents may be submitted by e-mail to [fidcpa@fid.state.nv.us](mailto:fidcpa@fid.state.nv.us) or mailed as a hard copy to the Licensing Office.

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

## ANNUAL REPORT INSTALLMENT LOANS

(Answer every question or write "None or N/A" – Please TYPE or PRINT legibly)

- 1 Name of Licensee: \_\_\_\_\_
- 2 Doing Business Under the Name(dba) \_\_\_\_\_
- 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 an Installment Loan business conducted at the 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: \_\_\_\_\_

10. Submit audited, reviewed, or compiled financial statements for the current Annual Report year, which should include the auditor's opinion or accountant's report and notes to the financial statements (if applicable). 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 Complete the Balance Sheet Per Books Below. Do not change any captions on this page. As indicated, please enter balances at December 31st or current fiscal year end of the Current Annual Report Year, and the Previous Annual Report Year.

<u><b>Assets</b></u>	<u><b>Current Year End</b></u>	<u><b>Prior Year End</b></u>
Cash in Office and in Banks	\$ _____	\$ _____
Loans Receivable	_____	_____
Real Estate (less reserved for depreciation)	_____	_____
Furniture, Fixtures, Equipment (less depreciation)	_____	_____
Deferred Charges (Itemized)	_____	_____
Other Assets (Itemized)	_____	_____
Finance Costs	_____	_____
<b>Total Assets</b>	<b>\$ _____</b>	<b>\$ _____</b>
<u><b>Liabilities and Capital</b></u>		
Accounts & Notes Payable:	\$ _____	\$ _____
Bank Notes Payable	_____	_____
Due to Parent Company affiliates	_____	_____
Short Term Notes	_____	_____
Bonds payable	_____	_____
Other Liabilities	_____	_____
Accrued Expenses	_____	_____
Bad Debts Reserves	_____	_____
Tax Reserves	_____	_____
Other Reserves	_____	_____
Unearned Interest and Charges Loans Receivable	_____	_____
Unearned Discount – Other Business	_____	_____
Branch Office Capital	_____	_____
New Worth (if Individual or Partnership)	_____	_____
Preferred	_____	_____
Common	_____	_____
Retained Earnings / Capital Reserves	_____	_____
<b>Total Liabilities &amp; Capital:</b>	<b>\$ _____</b>	<b>\$ _____</b>

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

**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 supplemental documents, 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\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My commission expires (date)

**Notary Seal**

\*\* Retain a copy of this report for your files \*\*

\*\* Nevada Revised Statutes require a fee of \$10.00 per day for late, erroneous, or deficient filings. \*\*