

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)

**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 31<sup>st</sup> or current fiscal year end of the Current Annual Report Year, and the Previous Annual Report Year.

<u>ASSETS</u>	<u>Current Year End</u>	<u>Previous Year End</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>LIABILITIES &amp; CAPITAL</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\_\_\_\_.

**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 \*\*