

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, 2017

For The Year Ended: December 31, 2016

## 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 of: (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 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 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>
12	Cash in Office and in Banks	\$ _____	\$ _____
13	Loans Receivable	\$ _____	\$ _____
14	Real Estate (less reserved for depreciation)	\$ _____	\$ _____
15	Furniture, Fixtures, Equipment (less depreciation)	\$ _____	\$ _____
16	Deferred Charges (Itemized)	\$ _____	\$ _____
17	Other Assets (Itemized)	\$ _____	\$ _____
	Organizational Expenses	\$ _____	\$ _____
	Finance Costs	\$ _____	\$ _____
		\$ _____	\$ _____
18	<b>Total Assets:</b>	<b>\$ _____</b>	<b>\$ _____</b>
	<u>LIABILITIES &amp; CAPITAL:</u>		
19	Accounts & Notes Payable:	\$ _____	\$ _____
	Bank Notes Payable	\$ _____	\$ _____
	Due to Parent Company affiliates	\$ _____	\$ _____
	Short Term Notes	\$ _____	\$ _____
20	Bonds payable	\$ _____	\$ _____
21	Other Liabilities	\$ _____	\$ _____
	Accrued Expenses	\$ _____	\$ _____
		\$ _____	\$ _____
22		\$ _____	\$ _____
	Bad Debts Reserves	\$ _____	\$ _____
	Tax Reserves	\$ _____	\$ _____
	Other Reserves	\$ _____	\$ _____
		\$ _____	\$ _____
23		\$ _____	\$ _____
	Unearned Interest and Charges Loans Receivable	\$ _____	\$ _____
	Unearned Discount – Other Business	\$ _____	\$ _____
24	Branch Office Capital	\$ _____	\$ _____
25	New Worth (if Individual or Partnership)	\$ _____	\$ _____
26		\$ _____	\$ _____
	Preferred	\$ _____	\$ _____
	Common	\$ _____	\$ _____
27	Retained Earnings / Capital Reserves	\$ _____	\$ _____
28	Surplus (Undivided Profits)	\$ _____	\$ _____
29	<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 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. \*\*