

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

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

**ISSUERS OF INSTRUMENTS FOR TRANSMISSION OR PAYMENT OF MONEY  
ANNUAL REPORT OF CONDITION**

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

**Please Note:** The Annual Report of Condition 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.

1. Submit audited, reviewed, or compiled financial statements for the current Annual Report year ended December 31<sup>st</sup> or current fiscal year end, 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.
2. Enclose a copy of the trust/escrow bank statement(s), along with a copy of the account reconciliation(s), for the month ended December 31<sup>st</sup> or current fiscal year end of the current Annual Report year. For the outstanding checks, include:  
1) check number, 2) payee, 3) date issued, and 4) amount. A computer print-out of the account reconciliation is preferred. Reconciled cash balance must reasonably agree with the cash balance reflected on the balance sheet.

**AFFIDAVIT**

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

\_\_\_\_\_ of \_\_\_\_\_

(Owner, title of officer, 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

***ACKNOWLEDGEMENT OF NOTARY PUBLIC***

Subscribed and sworn to before me in the county of \_\_\_\_\_

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. \*\*