

Licensing Office
Nevada Financial Institutions Division
1830 E. College Parkway, Suite 100
Carson City, NV 89706-7905

STATE OF NEVADA



DEPARTMENT OF BUSINESS AND INDUSTRY
FINANCIAL INSTITUTIONS DIVISION

ANNUAL REPORT OF CONDITIONS TO THE COMMISSIONER

DEFERRED DEPOSIT LOANS, HIGH INTEREST LOANS, TITLE LOANS, AND/OR CHECK CASHING SERVICES

The Deferred Deposit Loans, High-Interest Loans, Title Loans, and/or Check Cashing Services Annual Report to the Commissioner **for the year ending: December 31, 2021 or Current Fiscal Year End** is due **April 15, 2022.**

**Please Note: The Annual Report, Certified Public Accountant (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 who fails to renew its license annually by the license expiration date, is not licensed pursuant to the provisions of NRS Chapter 604A and must cease operations until the NFID issues an active/valid license. Operating without a license 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.

- 1 Name of Licensee: _____
- 2 dba (if applicable): _____
- 3 Current License Number: _____
- 4 Nevada Business Address: _____

5 Mailing Address (if different): _____

6 Date Licensee Began Business: _____

Describe business form: corporation, partnership, association, sole proprietor, etc.:

7 _____

If a corporation, provide which state and date of incorporation:

State: _____ Date _____

8 Provide the name of any business other than a Deferred Deposit/High Interest/Title Loans and/or Check Cashing Service conducted at 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: _____

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.

Please be sure to complete parts 10 and 11 below, and the AFFIDAVIT.

10 Submit audited, reviewed, or compiled financial statements for the Annual Report year ended December 31st or current fiscal year end, 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 Enclose a copy of the operations bank statement, along with the account reconciliation, for the month ended December 31st or current fiscal year end of this 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.

AFFIDAVIT

I, _____, the undersigned, being the

_____ Of _____
(Owner, Officer title, or Manager) (Company name)

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 documents, are true and complete in all respects.

Signature of Owner, Officer, or Manager

ACKNOWLEDGEMENT OF NOTARY PUBLIC

Taken, subscribed and sworn (or affirmed) 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 of the annual report.*