



DEPARTMENT OF BUSINESS AND INDUSTRY
FINANCIAL INSTITUTIONS DIVISION

**EARNED WAGE ACCESS PROVIDER ANNUAL REPORT OF OPERATIONS TO
THE COMMISSIONER**

The Earned Wage Access Provider Report to the Commissioner for the year ending December 31, 2024, is due **April 15, 2025**, pursuant to NRS 604D.500 and the approved Regulations for this chapter.

Due Date: April 15, 2025

Where to File: **Annual Report Form:** Upload to NMLS. Attach in the “Additional Requirements” section of Document Uploads in the Company Form (MU1). Name the file: 2024 Annual Report. Ensure you attest to and submit the filing.

Financial Statement Audit: Upload to NMLS. Attach the file in the “Financial Statement” section of NMLS. Ensure it’s filed under 2024 in the “Annual/Initial” category.

Complaints: Email file to FIDCPA@fid.State.nv.us. Ensure the company name and NMLS ID number are in the subject line of the email.

For Questions: Email FIDCPA@fid.State.nv.us.

Extension Requests: If the licensee needs to request an extension to submit the Annual Report after the due date of April 15, 2025, they must request the extension prior to the due date via email to FIDCPA@fid.State.nv.us.

Requests made on or after April 15, 2025, will not be approved.

Annual Report Form

Answer every question or write "None or N/A" - Please TYPE or PRINT legibly

General Information

Company Name _____
DBA/Trade
Name(s) _____
Street Address _____
City/State/Zip _____
License Number(s) _____
Contact Person _____

License-Specific Requirements:

1. 2024 Financial Statements audited by an independent certified public accountant. *Upload to the Financial Statement section of NMLS.*

2. Submit a copy of each complaint that has been filed by a user who received earned wage access services in this State in 2024 against the licensee with the Better Business Bureau or the Consumer Financial Protection Bureau and a description of the resolution, if any, of each such complaint. *Email the file to FIDCPA@fid.State.nv.us and include the company name and NMLS number in the subject line.*

3. The total number of fees or charges paid by users in this State in 2024 and the total value of fees or charges paid by users in this State in 2024.

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Total Number of Fees/Charges

Total Value of Fees/Charges

4. The total number of users in this State who did not receive earned wage access services in 2024 but who paid a subscription fee or membership fee imposed by the provider for a bona fide group of services that includes earned wage access services, including the total amount of subscription fees or membership fees paid by those users in 2024.

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Total Number of Users

Total Amount of Fees

5. The total number of users in the State who participate in 12 or more earned wage access transfers provided by the licensee in 2024.

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Total Number of Fees/Charges

Total Value of Fees/Charges

6. The total number of fees for expedited delivery of proceeds paid by users in this State and the total value of such fees paid by users in this State in 2024.

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Total Number of Fees

Total Value of Fees

7. The total number of users in this State who have outstanding proceeds at the time of reporting and the total value of such outstanding proceeds.

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Total Number of Users

Total Value of Outstanding Proceeds

8. The total number of requests for reimbursement of overdraft or nonsufficient funds fees in this State in 2024.

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Total Number of Requests

9. In cases where the licensee is seeking repayment of outstanding proceeds, the total number of reimbursed overdraft or non-sufficient funds fees in this State and the total value of reimbursed overdraft or non-sufficient funds fees in the State in 2024.

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Total Number of Reimbursed Fees

Total Value of Reimbursed Fees

10. The total number of Nevada users with zero fees or charges.

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Total Number of Users

11. The total number of voluntary tips, gratuities or donations received and the total value of such voluntary tips, gratuities or donations received.

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Total Number of Fees/Charges

Total Value of Fees/Charges

AFFIDAVIT

I, _____, the undersigned, being the

_____ on behalf of _____
(Owner, Officer Title, or Manager) (Name of Company)

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, 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 _____

State of _____ this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires

(date) Notary Seal:

