



LICENSED CASHER OF CHECKS ANNUAL REPORT
(For the year-ended December 31, 2015)

Table of Contents

General Instructions	i
Reminder	ii
General Instructions for Financial Schedules	iii
Schedule A - Instructions	iv & v
Schedule B - Instructions	vi & vii
Schedule C - Instructions	viii
Schedule D - Instructions	ix & x
Questionnaire	1
Financial Schedules	11
Affidavit	26

GENERAL INSTRUCTIONS

- The Annual Reports should be prepared by qualified persons and is due no later than **March 15, 2016**.
- All questions are for the license legal entity as a whole, unless otherwise specified.
- Answer all questions. Do not change anything. State “None” or “Not Applicable” where appropriate.
- If the Questionnaire and Schedules are submitted separately, each must be submitted with a signed and notarized Affidavit.
- Every licensee is required to complete and submit the following:
 - Questionnaire – Submit (2) copies. A third copy is to be retained for your records and filed with other DFS correspondence.
 - Schedule A – Submit two (2) copies. A third copy is to be retained for your records and filed with other DFS correspondence.
 - Schedule B – Submit two (2) copies. A third copy is to be retained for your records and filed with other DFS correspondence.
 - Schedule C – Submit two (2) copies. A third copy is to be retained for your records and filed with other DFS correspondence.
 - Schedule D – Submit two (2) copies. A third copy is to be retained for your records and filed with other DFS correspondence. A separate schedule must be submitted for all locations, which were sold or closed during 2014.
 - Schedule E- Submit two (2) copies: A third copy is to be retained for your records and filed with other DFS correspondence.
 - Schedule F- Submit two (2) copies: A third copy is to be retained for your records and filed with other DFS correspondence.
 - Affidavit – Submit two (2) copies. This is the last page of the Annual Report; it must be completed by the licensee and notarized.
 - Certified Financial Statements – Submit two (2) copies.
 - CPA must attach written statement to completed Annual Report, indicating that the figures appearing in Schedules A, B, C and D were derived from the audited financial statements of the licensee.
- For your convenience, an addendum may be attached to the report in response to any of the questions if additional space is necessary to provide all requested information.

REMINDER

Certain actions must be reported to the Department of Financial Services (“DFS” or “Department”) within specified time frames according to the type of changes contemplated. All licensees are required to be familiar with and comply with the following statutes:

- Change of licensed locations [New York Banking Law (“NYBL”) §370].
- Reports of changes in directors, officers, employees, etc. [Superintendent’s Regulations (“SR”) §400.7].
- Change in control – **prior approval of the Superintendent is required** [NYBL §370-a].
- Reports of any arrest, indictments or convictions, etc. within 10 days. [SR §400.6].
- Reports of misconduct, crimes as prescribed by [SR §300] [SR §400.13].

Additionally, licensees are permitted to conduct regulated activities only at licensed locations. Each additional location that conducts New York-regulated activities requires a separate branch license pursuant to NYBL §370.

General Instructions for Financial Schedules

IMPORTANT NOTICE: The figures entered on these forms shall be derived from financial statements of the licensee that have been audited by an independent certified public accountant ("CPA") and on which the CPA has expressed an opinion. The licensee shall submit ***TWO*** copies of the certified financial statements and the CPA's opinion along with the completed DFS Annual Report forms.

In addition, the CPA shall attach a written statement to the completed DFS Annual Report indicating that the figures appearing on these forms were derived from the audited financial statement of the licensee.

The Annual Report consists of the following financial schedules:

Schedule A - Balance Sheet. This statement must be consolidated for all regular locations, mobile units and limited stations under a single licensed entity.

Schedule B - Income and Expense Statement. This statement must be consolidated for all regular locations, mobile units and limited stations under a single licensed entity. In addition, licensees who operate multiple locations must also prepare a supplemental Income and Expense Schedule (Schedule D) for each location.

Schedule C - Reconciliation of Stockholders' Equity (Corporations) or Reconciliation of Net Worth (Proprietorships/Partnerships).

Schedule D - Income and Expense Statement. This supplementary statement is only applicable to licensees who operate multiple locations under a single entity. A separate Schedule D is required for each of these locations; including each mobile unit and each limited station.

Schedule E - Monthly Tangible Net Worth (TNW) Calculation. For the TNW calculation, limited stations and mobile units are excluded from the total number of licensed locations.

Schedule F - Monthly Net Liquid Asset (NLA) Calculation. For the NLA calculation: Limited stations and mobile units must be included in the total number of licensed location; A pledged CD must be excluded from the total available funds. However, if the licensee's line of credit (LOC) is fully secured by the pledged CD, the total current liability can be adjusted by excluding the outstanding amount of LOC.

General Instructions – Accounts which cannot be included under a specific caption on the Balance Sheet (Schedule A) should be included under "Miscellaneous" or "Other Liabilities" and detailed in the space provided on the appropriate supporting schedule. Accounts which cannot be included under a specific caption on the Income and Expense Statement (Schedule B) should be included under "Other Income" or "Other Expenses" and detailed in the space provided on the appropriate supporting schedule.

Care should be taken to insure that totals in the supporting schedules agree with the corresponding asset and liability items on the Balance Sheet or income and expense items on the Statement of Income and Expense. In addition, income and expense items reported on Income and Expense Statements (Schedule D) must equal the consolidated amounts reported on Schedule B. Before forwarding the report, all footings and calculations should be proven.

Schedule A - Instructions Balance Sheet and Supporting Schedules

Balance Sheet Line #	Supplemental Schedule #	
1		<u>Cash on Hand</u> Include all coin and currency owned and held in the licensee's vaults, and in-transit from depository banks.
2		<u>Cashed Checks on Hand</u> Include all checks held on premises not previously dishonored.
3	A 1	<u>Marketable Investments</u> Include all stocks, bonds, debentures and obligations of federal, state or municipal governments.
4	A 2	<u>Due from Banks (DO NOT REPORT ACCOUNTS WITH NEGATIVE BALANCES)</u> Demand balances with bank. Include all demand balances and cash in-transit to Depository Banks. Time balances with Banks- Include open or fixed time accounts and certificates of deposit. (Show maturity date) Balances with Money Market Funds- Include all accounts with Money Market Funds. (Show maturity date)
6		<u>Government Transaction Fees Receivable</u> Include all fees receivable for acceptance of Electronic Payment Funds Transfer.
7		<u>Prepaid Expenses</u> Include all prepaid expenses.
8	A 3	<u>Check Cashing Fees Receivable</u> Include all check cashing fees receivable.
9	A 4	<u>Miscellaneous - Current Portion</u> Include all current assets for which a specific caption has not been provided.
11	A 5	<u>Returned Checks on Hand</u> Include all unpaid checks, drafts or money orders not re-deposited or redeemed.
12		<u>Net Furniture, Fixtures and Leasehold Improvements</u> All furniture, fixtures and leasehold improvements at book value less depreciation or amortization.
13		<u>Deferred Expenses</u> Include all deferred expenses.
14		<u>Security Deposits</u> Include all security deposits.
15		<u>Goodwill and Other Intangible Assets</u> Include all intangible assets.

Schedule A - Instructions Balance Sheet and Supporting Schedules

Balance Sheet Line #	Supplemental Schedule #	
16	A 4	<u>Miscellaneous - Long-Term Portion</u> Include all assets for which a specific caption has not been provided.
18	A 6	<u>Accounts Payable</u> Include all current payables.
19		<u>Accrued Expenses and Taxes</u> Include all accrued expenses and taxes.
20	A 7	<u>Funds Borrowed - Current Portion</u> Include the current portion of all loans, advances, and overdrafts for any purpose.
21	A 8	<u>Other Current Liabilities</u> Include all current liabilities for which a specific caption has not been provided.
23	A 7	<u>Funds Borrowed - Long-Term Portion</u> Include the long-term portion of all loans for any purpose.
24	A 9	<u>Other Long-Term Liabilities</u> Include all long-term liabilities for which a specific caption has not been provided.
26		<u>Capital Stock</u> Include all invested capital.
27		<u>Additional Paid-In Capital</u> Include all Surplus and Additional Paid-in Surplus.
28		<u>Retained Earnings</u>
29	A 10	<u>Other Stockholders' Equity</u>
30		<u>Total Equity</u> This caption applies only to Corporations. Enter amount of equity.
31		<u>Net Worth</u> This caption applies only to Proprietorships and Partnerships. Enter amount of net worth.

Schedule B - Instructions

Income and Expense Statement and Supporting Schedules

Income and Expense Statement Line #	Supplemental Schedule #	
1	B 1a	<u>Check Cashing Fees Collected - Consumer</u> Include all fees collected for cashing checks, drafts, or money orders.
2	B 1b	<u>Check Cashing Fees Collected - Commercial</u> Include all fees collected for cashing checks, drafts, or money orders.
3	B 2	<u>EPFT Fees</u> Electronic Payment Funds Transfer Fees.
4	B 3	<u>Other Income</u> Include all other income.
5	B 4	<u>Salaries - Officers</u> Include salaries paid to corporate officers and directors.
6	B 5	<u>Salaries - Proprietors and Partners</u> Include salaries paid to owners and partners of non-corporate licensees.
7		<u>Salaries - Employees</u> Include salaries paid to all those not included on lines 5 and 6.
8	B 6	<u>Management Fees</u> Include all fees paid to management companies and describe the services provided.
9		<u>Money Delivery Charges</u> Include all fees paid for the transportation and delivery of cash.
10		<u>Bank Service Charges</u> Include all non-interest bank charges.
11	B 7	<u>Insurance and Protection</u> Include all insurance, protection and security expenses.
12		<u>Interest Paid</u> Include all loan interest paid.
13		<u>Rent</u> Include all rent expense (net of sub-rental income).
14	B 8	<u>Legal and Professional Fees</u> Include all legal and professional fees paid.
15		<u>Advertising, Dues, Etc.</u> Include all advertising expenses and dues paid.
16		<u>Telephone</u> Include all communication charges paid.

Schedule B - Instructions
Income and Expense Statement and Supporting Schedules

**Income and
Expense**

Statement **Supplemental**
Line # **Schedule #**

17		<u>Taxes and License Fees</u> Include all federal, state, city and county taxes and all license and assessment fees.
18		<u>Contributions, Donations and Entertainment</u> Include all contributions, donations and entertainment expenses.
19	B 9	<u>Losses</u> Include net shortages, returned checks written off, robberies, burglaries and any other loss.
20	B 10	<u>Other Expenses</u> Include provisions for depreciation and amortization, heat, light, power, water, cleaning, repairs, stationery, printing, supplies, and all other expenses for which a specific caption has not been provided.
22		<u>Net Profit</u>
23		<u>Net Loss</u>

**Schedule C - Instructions
Reconcilement of Stockholders' Equity
(Corporations Only)**

Line #	
1	<u>Capital Stock.</u> As reported on the Dec. 31, 2014 Annual Report.
2	<u>Surplus.</u> As reported on the Dec. 31, 2014 Annual Report.
3	<u>Reserves.</u> As reported on the Dec. 31, 2014 Annual Report.
4	<u>Net Profit.</u> From Schedule B, line 22.
5	<u>Capital Additions.</u> Enter any additions to capital or surplus and provide details at the bottom of this schedule.
7	<u>Net Loss.</u> From Schedule B, line 23.
8	<u>Capital Withdrawals.</u> Enter any reduction to capital or surplus accounts and provide details at the bottom of this schedule.
10	<u>Total Stockholders' Equity.</u> This amount must agree with the total of lines 26, 27, 28 and 29 on Schedule A.

**Schedule C
Reconcilement of Net Worth
(Proprietorships and Partnerships Only)**

Line #	
1	<u>Net Worth.</u> As reported on the Dec. 31, 2014 Annual Report.
2	<u>Net Profit.</u> From Schedule B, line 22.
3	<u>Capital Additions.</u> Enter additions to net worth (other than profits) and provide details at the bottom of this schedule.
5	<u>Net Loss.</u> From Schedule B, line 23.
6	<u>Capital Withdrawals.</u> Enter any reduction to net worth (other than losses) and provide details at the bottom of this schedule.
8	<u>Total Net Worth.</u> This amount must agree with line 30 on Schedule A.

Schedule D - Instructions
Income and Expense Statement and Supporting Schedules

To be completed for each licensed location, including each limited station and mobile unit.

**Income and
Expense**

**Statement
Line #**

**Supplemental
Schedule #**

- | | | |
|----|------|--|
| 1 | D 1a | <u>Check Cashing Fees Collected - Consumer</u> |
| 2 | D 1b | <u>Check Cashing Fees Collected - Commercial</u> |
| 3 | D 2 | <u>EPFT Fees</u>
Electronic Payment Funds Transfer Fees. |
| 4 | D 3 | <u>Other Income</u>
Include all other income. |
| 5 | | <u>Salaries - Officers</u>
Include salaries paid to corporate officers and directors. |
| 6 | | <u>Salaries - Proprietors and Partners</u>
Include salaries paid to owners and partners of non-corporate licensees. |
| 7 | | <u>Salaries - Employees</u>
Include salaries paid to all those not included on lines 5 and 6. |
| 8 | | <u>Management Fees</u>
Include all fees paid to management companies and describe the services provided. |
| 9 | | <u>Money Delivery Charges</u>
Include all fees paid for the transportation and delivery of cash. |
| 10 | | <u>Bank Service Charges</u>
Include all non-interest bank charges. |
| 11 | | <u>Insurance and Protection</u>
Include all insurance, protection and security expenses. |
| 12 | | <u>Interest Paid</u>
Include all loan interest paid. |
| 13 | | <u>Rent</u>
Include all rent expense (net of sub-rental income). |

Schedule D - Instructions
Income and Expense Statement and Supporting Schedules

**Income and
Expense**

**Statement Supplemental
Line # Schedule #**

- | | |
|----|---|
| 14 | <u>Legal and Professional Fees</u>
Include all legal and professional fees paid. |
| 15 | <u>Advertising, Dues, Etc.</u>
Include all advertising expenses and dues paid. |
| 16 | <u>Telephone</u>
Include all communication charges paid. |
| 17 | <u>Taxes and License Fees</u>
Include all federal, state, city and county taxes and all license and assessment fees. |
| 18 | <u>Contributions, Donations and Entertainment</u>
Include all contributions, donations and entertainment expenses. |
| 19 | <u>Losses</u>
Include net shortages, returned checks written off, robberies, burglaries and any other loss. |
| 20 | <u>Other Expenses</u>
Include provisions for depreciation and amortization, heat, light, power, water, cleaning, repairs, stationery, printing, supplies, and all other expenses for which a specific caption has not been provided. |
| 22 | <u>Net Profit</u> |
| 23 | <u>Net Loss</u> |

Attach an addendum whenever necessary

QUESTIONNAIRE

1. Name of Licensee: _____

2. Headquarters ("HQ") Address: _____

License number: _____ HQ telephone number: _____

3. Mailing Address (provide only if different from HQ address listed above): _____

4. Name, title and telephone number of the person responsible for preparing this report:

5. All locations at which licensee conducted New York check cashing business during the reporting year:
(Indicate License Type as Branch (B) or Limited Station (L) or Mobile Unit (M))

License # /Type Full Address Contact Person Phone Number

License # /Type Full Address Contact Person Phone Number

License # /Type Full Address Contact Person Phone Number

6. a. **Overall Contact** [someone within the company who has the authority and ability to coordinate general DFS business and inquiries and to receive all DFS mail]:

Full Name Title Phone Number Fax Number

Full Address (Provide *only if* different from HQ address listed above) E-mail Address

b. **Billing Contact** [Provide the following information *only if* you choose to designate a separate Billing Contact to receive bills. Do not complete this item if the Billing Contact is the same as the Overall Contact.]:

Full Name Title Phone Number Fax Number

Full Address (Provide *only if* different from HQ address listed above) E-mail Address

Name _____
Licensee _____

Attach an addendum whenever necessary.

c. **Examination Contact** [Provide the following information *only if* you choose to designate a separate Examination Contact to coordinate examinations with the Department of Financial Services. Do not complete this item if the Examination Contact is the same as the Overall Contact]:

Full Name Title Phone Number Fax Number

Full Address (Provide *only if* different from HQ address listed above) E-mail Address

d. **Licensee's attorney:**

Full Name Title Phone Number Fax Number

Company Name

Full Address E-mail Address

e. **Licensee's external auditor/CPA:**

Full Name Title Phone Number Fax Number

Company Name

Full Address E-mail Address

f. **Licensee's bookkeeper/accountant:**

Full Name Title Phone Number Fax Number

Company Name

Full Address E-mail Address

g. Address where all books, records, accounts and documents are available for examination by the Department of Financial Services, pursuant to Superintendent's Regulations §400.2.

Full Address

h. Web sites associated with licensee: _____

Attach an addendum whenever necessary.

7. Provide the following information of **each** director, stockholder, officer, agent, owner and/or partner:

Full Name	Title	Social Security Number
Full Address (Home Address if Individual)	Phone # (Home Phone # if Individual)	% of Company Owned
Number of Shares/% of Total Outstanding {Common Stock}	Number of Shares/% of Total Outstanding {Preferred Stock}	

Full Name	Title	Social Security Number
Full Address (Home Address if Individual)	Phone # (Home Phone # if Individual)	% of Company Owned
Number of Shares/% of Total Outstanding {Common Stock}	Number of Shares/% of Total Outstanding {Preferred Stock}	

8. Provide information for each active employee.

Social Security Number	Employee Full Name	Home Address	Contact Phone#
Social Security Number	Employee Full Name	Home Address	Contact Phone#
Social Security Number	Employee Full Name	Home Address	Contact Phone#
Social Security Number	Employee Full Name	Home Address	Contact Phone#
Social Security Number	Employee Full Name	Home Address	Contact Phone#
Social Security Number	Employee Full Name	Home Address	Contact Phone#
Social Security Number	Employee Full Name	Home Address	Contact Phone#

Attach an addendum whenever necessary.

9. a. Have all of the above directors, stockholders, officers, associates, agents, owners and/or partners, and employees been fingerprinted and registered with the Department of Financial Services? _____ (Indicate "Yes" or "No")

If "No," please explain. _____

b. For new employees hired by the licensee during the reporting year, are the following submitted to the Department:
o the L1 receipt and L1 letter; and/or
o the Department employee questionnaire, which states that the person fingerprinted was a new employee _____ (Indicate "Yes" or "No")

If "No," please explain. _____

(Please note, submission of employee photos is not necessary)

10. Does the licensee maintain a daily record of money orders sold to any one individual aggregating \$3,000 or more in any one day as required under Superintendent's Regulations Section 400.2 (j)?
_____ (Indicate "Yes" or "No")

If "No," please explain. _____

11. Has the licensee received written permission from the Department to act as an agent for a Licensed money transmitter? _____ (Indicate "Yes" or "No")

If "Yes," give the date the permission was granted _____

a. Does the licensee accept public utility company payments? _____
(Indicate "Yes" or "No")

If "Yes," list the public utility companies for which payments are accepted _____

b. Is the licensee specifically authorized by written agreement with a licensed money transmitter to remit the utility bill payments accepted? _____ (Indicate "Yes" or "No")

Name _____
Licensee _____

Check Cashers Annual Report for the
year-ended December 31, 2015

Attach an addendum whenever necessary.

If "Yes," which money transmitter(s)? _____

- c. Pursuant to Part 400.12(k)(2) of the Superintendent's Regulations, does the licensee insure against the loss to the licensed money transmitter and the customer of any utility bill payment accepted by securing a surety bond payable to the licensed money transmitter in the amount of at least \$100,000 for each licensed location, covering utility bill payments accepted by the Licensee?

_____ (Indicate "Yes" or "No")

If "Yes," indicate the name and address of the insurance company providing the licensee's surety bond; and the amount of the surety bond and address of the locations covered by the surety bond. Also, indicate the date of expiration of the surety bond.

12. Does the licensee solicit or engage in any business or provide any service on the licensed premises other than cashing checks, drafts or money order, the acceptance of utility bill payments, and the sale of money orders? _____ (Indicate "Yes" or "No")

If "Yes," give complete details of all such activities _____

- a. Are separate books and records maintained for the other activities described in question 12, or are they part of the check cashing records? _____

- b. Does anyone other than the licensee solicit or engage in any business or provide any service on the licensed premises? _____ (Indicate "Yes" or "No")

If "Yes," give details _____

13. Does the licensee use equipment other than microfilm to maintain records of checks cashed? _____ (Indicate "Yes" or "No")

If "Yes," give complete details _____

Name _____
Licensee _____

Check Cashers Annual Report for the
year-ended December 31, 2015

Attach an addendum whenever necessary.

a. Has the licensee received written permission from DFS to use such equipment?
(Indicate "Yes" or "No")

If "Yes," give the date permission was granted _____

14. Has the licensee had a currency transaction(s) with a related and/or affiliated party during one
business day exceeding \$10,000? _____ (Indicate "Yes" or "No")

If "Yes", was a Currency Transaction Report (CTR) filed with FinCen? _____

15. List other New York Check Cashers in which the directors, stockholders, officers, owners, or
partners of this licensee have an interest.

Full Name Name of Check Casher Percent of Ownership

Full Name Name of Check Casher Percent of Ownership

Full Name Name of Check Casher Percent of Ownership

16. Does the licensee, its principals, or if applicable, its parent company or an affiliate, operate as
check cashers in other states? _____ (Indicate "Yes" or "No")

If "Yes," give complete details including names and addresses

17. List below all organizations for which the directors, stockholders, officers, owners, or partners
of this licensee have ownership and/or managing interests.
_____ (Complete unless "none" indicated.)

Full Name Title Phone Number Fax Number

Company Name (Provide only if different from licensee) Address

Full Name Title Phone Number Fax Number

Company Name (Provide only if different from licensee) Address

Name _____
Licensee _____

Check Cashers Annual Report for the
year-ended December 31, 2015

Attach an addendum whenever necessary.

18. List below all organizations for which the licensee provides off premises check cashing services.
_____ (Complete unless "none" indicated.)

Full Name Title Phone Number Fax Number

Company Name (Provide only if different from licensee) Address

Full Name Title Phone Number Fax Number

Company Name (Provide only if different from licensee) Address

19. Since the filing of the prior Annual Report, has the licensee continuously maintained liquid assets, as defined by the Superintendent's Regulations Part 400, Section 400.5 (a) (4), of at least \$10,000 for each of its licensed premises and mobile units? _____ (Indicate "Yes" or "No")

If "No," explain in detail how and when the violation will be corrected.

20. Provide the following information for each line of credit:

- Name of Bank providing the line of credit _____
- Amount and terms of credit line at banks _____

- Expiration date _____

Has any security been pledged? _____ (Indicate "Yes" or "No")

- If "Yes" (1) Type of security? _____
(2) Name of holder? _____

Name _____
Licensee _____

Check Cashers Annual Report for the
year-ended December 31, 2015

Attach an addendum whenever necessary.

21. Does the licensee or any of its principals have an interest in any of the management firms listed in Schedule B 6? _____ (Indicate "Yes" or "No")

If "Yes," explain in detail including the name of each firm, its principal and the percentage of ownership.

22. Does the licensee or any of its principals have an interest in any of the leased property for which it paid rent during the year? (Indicate _____ "Yes" or "No")

If "Yes," explain in detail including the name and of each firm, its principal and the percentage of ownership.

23. Per the Department of Financial Services policy, since filing of the prior Annual Report, has the licensee continuously maintained tangible net worth of at least \$50,000 per licensed location?
_____ (Indicate "Yes" or "No")

If "No," explain in detail how and when the violations will be corrected.

24. Name of person who conducted the most recent independent review of BSA/AML compliance, and the date of review? _____

25. Name of compliance officer and date appointed?

26. Has your deposit account, which is maintained for the deposits of checks, drafts or money orders in a banking institution, been established prior to November 1, 2005?

_____ (Indicate "Yes" or "No")

Name _____
Licensee _____

Check Cashers Annual Report for the
year-ended December 31, 2015

Attach an addendum whenever necessary.

If "No", Please provide:

Name of the Bank: _____ Date Account Opened: _____

Have you provided the Department with the documentation necessary to comply with Part 400.4 (a) (2) and Part 400.4 (a)(3) of the Superintendent's Regulations? _____ (indicate "Yes" or "No")
(If "No", submit with the current Annual Report)

27. Provide the Employer Identification Number (EIN) for your New York State licensee:

28. In addition to the check cashing fee, is there any other type of fee charged to your customer?
(Such as returned check fee, etc.) _____ (Indicate "Yes" or "No")

If Yes, please provide fee type, amount charged per transaction, and where is disclosed.

29. Have any of the following individuals and entities been involved in any of the following listed matters in the reporting year and at any time since?

Individuals and entities:

- The licensee
- Any of the Licensee's parent, affiliate or subsidiary companies
- Any of the Licensee's owners, partners, stockholders with 10% or more of voting stock in the Licensee, members of the governing board, LLC members/mangers, and executive officers

Listed Matters:

- Felony conviction or guilty plea to felony
- Court proceeding (Include only cases in which the Licensee or any of the above-listed individuals and entities was named a defendant.)
- Investigation (civil or criminal)
- Judgment
- Lawsuit (Include only cases in which the Licensee or any of the above-listed individuals and entities was named a defendant.)
- Monetary penalty
- Regulatory or supervisory action
- Settlement (Include only settlements reached after a lawsuit, claim or court proceeding in which the Licensee or any of the above-listed individuals and entities was named a defendant.)

Name _____
Licensee _____

Check Cashers Annual Report for the
year-ended December 31, 2015

Attach an addendum whenever necessary.

_____ (Indicate "Yes" or "No")

If Yes, please provide details, and for the court proceedings, lawsuits and settlements, attach to the Annual Report a signed statement from legal counsel on whether the court proceedings, lawsuits and settlements, when aggregated, would materially impact the Licensee's financial condition and/or ability to meet obligations:

Attach an addendum whenever necessary.

FINANCIAL SCHEDULES

(Please round all dollar amounts throughout this report to the nearest dollar.)

Schedule A - BALANCE SHEET	
Assets	Amount (Nearest Dollar)
1. Cash on Hand	
2. Cashed Checks on Hand (Not Previously Dishonored)	
3. Marketable Investments (Schedule A1)	
4. Due from Banks (A 2) (DO NOT REPORT ACCOUNTS WITH NEGATIVE BALANCES)	
5. Sub-Total	
6. Government Transaction Fees Receivable	
7. Prepaid Expenses	
8. Check Cashing Fees Receivable (A 3)	
9. Miscellaneous – Current Portion (A 4, Column 2)	
10. Current Assets	
11. Returned Checks on Hand (A 5)	
12. Net Furniture, Fixtures and Leasehold Improvements	
13. Deferred Expenses	
14. Security Deposits	
15. Goodwill & Other Intangible Assets	
16. Miscellaneous – Long-Term Portion (A 4, Column 3)	
17. Total Assets	

Liabilities and Equity	Amount (Nearest Dollar)
Due in One Year or Less	
18. Accounts Payable (A 6)	
19. Accrued Expenses & Taxes	
20. Funds Borrowed – Current Portion (A 7 – Column 2)	
21. Other Current Liabilities (A 8)	
22. Sub-Total	
Due in More than One Year	
23. Funds Borrowed – Long Term Portion (A 7 – Column 3)	
24. Other Long-Term Liabilities (A 9)	
25. Total Liabilities	
26. Capital Stock	
27. Additional Paid-In Capital	
28. Retained Earnings	
29. Other Stockholders' Equity (A 10)	
30. Total Equity (Corporations Only, C)	
31. Net Worth (Proprietorship/Partnership Only)	
32. Total Liabilities and Equity	

Schedule A 1 – Marketable Investments	
Description	Book Value
Total (Must Agree with Schedule A – Line 3)	

Schedule A 2 – Due from Banks			
Bank Name and Location	Type of Account	Account #	Balance
Total (Must Agree with Schedule A – Line 4)			

Schedule A 3 – Check Cashing Fees Receivable		
Three Largest Customers	Date	Amount
Other Customers (Total Amount Only)	XXXXXXXXXXXX	
Total (Must Agree with Schedule A – Line 8)		

Schedule A 4 – Miscellaneous Assets			
Description	(1) Total Amount	(2) Current Portion	(3) Long-Term Portion
Others Accounts Receivable			
Notes Receivable			
Due from Affiliates			
Inventories			
Due from Officers			
Due from Insurance Carriers			
Totals			

Notes: Amounts in column (1) must equal the total of columns (2) and (3). ,
 The total amount of column (2) must agree with Schedule A – Line 9.
 The total amount of column (3) must agree with Schedule A – Line 16.

Name _____
 Licensee _____

Check Cashers Annual Report for the
 year-ended December 31, 2015

Schedule A 7 – Funds Borrowed								
Date of Loan	Purpose of Loan	Name of Lender	(1) Total Amount	Rate	Due Date	Payment Terms	(2) Current Portion	(3) Long-Term Portion
Totals								

Notes: Amounts in column (1) must equal the total of columns (2) and (3).
 The total amount of column (2) must agree with Schedule A – Line 20.
 The total amount of column (3) must agree with Schedule A – Line 23.

Schedule A 8 – Other Current Liabilities	
Description	Amount
Total (Must Agree with Schedule A – Line 21)	

Schedule A 9 – Other Long-Term Liabilities	
Description	Amount
Total (Must Agree with Schedule A – Line 24)	

Schedule A 10 – Other Stockholders' Equity	
Description	Amount
Total (Must Agree with Schedule A – Line 29)	

Name
Licensee _____

Check Cashers Annual Report for the
year-ended December 31, 2015

(THIS PAGE INTENTIONALLY LEFT BLANK)

Schedule B INCOME AND EXPENSE STATEMENT	
Income	Amount (Nearest Dollar)
1. Total Check Cashing Fees Collected Consumer (Schedule B 1a)	
2. Total Check Cashing Fees Collected Commercial (Schedule B 1b)	
3. EPFT Fees (B 2)	
4. Other Income (B 3)	
Total Income	
Expenses	Amount (Nearest Dollar)
5. Salaries – Officers (B 4)_	
6. Salaries – Proprietors & Partners (B 5)	
7. Salaries – Employees	
8. Management Fees (B 6)	
9. Money Delivery Charges	
10. Bank Service Charges	
11. Insurance & Protection (B 7)	
12. Interest Paid	
13. Rent	
14. Legal and Professional Fees (B 8)	
15. Advertising, Dues, etc.	
16. Telephone	
17. Taxes & License Fees	
18. Contributions, Donations and Entertainment	
19. Losses (B 9)	
20. Other Expenses (B 10)	
21. Total Expenses	
22. Net Profit (Line 4 greater than Line 21)	
23. Net Loss (Line 21 greater than Line 4)	

Schedule B 1 a – Check Cashing Fees Collected Consumer			
Facility	# of Checks Cashed	Dollar Amount	Fees Collected
Regular *Location(s)			
Limited Station(s)			
Totals			
(Total Fees Collected Must agree with Schedule B 1 a – Line 1) * including mobile units			

Schedule B 1 b – Check Cashing Fees Collected Commercial			
Facility	# of Checks Cashed	Dollar Amount	Fees Collected
Regular *Location(s)			
Limited Station(s)			
Totals			
(Total Fees Collected Must agree with Schedule B 1 b – Line 2) * including mobile units			

Schedule B 2 – EPFT Fees		
Number of Transactions	Dollar Amount	Fees Collected
(Total Fees Collected Must agree with Schedule B – Line 3)		

Schedule B 3 – Other Income	
Description	Fees Collected
Money Order Fees	
Utility Bill Fees	
Lottery Fees	
Money Transmissions Fees	
Returned Check Fees	
Other	
Total (Must agree with Schedule B – Line 4)	

Schedule B 4 – Salaries – Officers		
Name	Title	Amount
Total (Must agree with Schedule B – Line 5)		

Schedule B 5 – Salaries – Proprietors & Partners		
Name	Title	Amount
Total (Must agree with Schedule B – Line 6)		

Schedule B 6 – Management Fees		
Management Firm	Service Provided	Amount
Total (Must agree with Schedule B – Line 8)		

Schedule B 7 – Insurance & Protection	
Description	Amount
Insurance	
Health Insurance, Major Medical, etc.	
Protection	
Security	
Total (Must agree with Schedule B – Line 11)	

Schedule B 8 – Legal & Professional Fees	
Description	Amount
Accountant	
Attorney	
Other Professional Fees	
Total (Must agree with Schedule B – Line 14)	

Schedule B 9 – Losses	
Description	Amount
Net Shortages	
Returned Checks Written Off	
Robberies	
Burglaries	
Defalcations	
Total (Must agree with Schedule B – Line 19)	

Schedule C RECONCILEMENT OF STOCKHOLDERS' EQUITY (Corporations Only)	
Description	Amount
1. Capital Stock as shown on prior Annual Report	
2. Surplus as shown on prior Annual Report	
3. Reserves as shown on prior Annual Report	
4. Net Profit (from Schedule B – Line 22)	
5. Capital Additions (supply details below)	
6. Total of Lines 1 thru 5	
7. Net Loss (from Schedule B – Line 23)	
8. Capital Withdrawals (supply details below)	
9. Total of lines 7 and 8	
10. Total Stockholders' Equity (line 6 minus line 9)	

RECONCILEMENT OF NEW WORTH (Proprietorships & Partnerships Only)	
Description	Amount
1. Net Worth as shown on prior Annual Report	
2. Net Profit (from Schedule B – Line 22)	
3. Capital Additions (supply details below)	
4. Total of lines 1 thru 3	
5. Net Loss (from Schedule B – Line 23)	
6. Capital Withdrawals (supply details below)	
7. Total of lines 5 and 6	
8. Total Net Worth (line 4 minus line 7)	

Details of Capital Additions

Details of Capital Withdrawals

Make copies for additional locations whenever necessary.

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Location Address: _____
 (For the twelve month period from January 1, 2015 to December 31, 2015)

Schedule D INCOME AND EXPENSE STATEMENT	
Income	Amount (Nearest Dollar)
1. Total Check Cashing Fees Collected Consumer (Schedule D 1 a)	
2. Total Check Cashing Fees Collected Commercial(Schedule D 1 b)	
3. EPFT Fees (D 2)	
4. Other Income (D 3)	
Total Income	
Expenses	Amount (Nearest Dollar)
5. Salaries – Officers	
6. Salaries – Proprietors & Partners	
7. Salaries – Employees	
8. Management Fees	
9. Money Delivery Charges	
10. Bank Service Charge	
11. Insurance & Protection	
12. Interest Paid	
13. Rent	
14. Legal and Professional Fees	
15. Advertising, Dues, etc.	
16. Telephone	
17. Taxes & License Fees	
18. Contributions, Donations and Entertainment	
19. Losses	
20. Other Expenses	
21. Total Expenses	
22. Net Profit (Line 4 greater than Line 21)	
23. Net Loss (Line 21 greater than Line 4)	

Make copies for additional locations whenever necessary.

Schedule D 1 a – Check Cashing Fees Collected – Consumer			
Facility	# of Checks Cashed	Dollar Amount	Fees Collected
Licensed Location			
Limited Station(s)			
Totals			
(Total Fees Collected Must agree with Schedule D 1 a – Line 1)			

Schedule D 1 b – Check Cashing Fees Collected – Commercial			
Facility	# of Checks Cashed	Dollar Amount	Fees Collected
Licensed Location			
Limited Station(s)			
Totals			
(Total Fees Collected Must agree with Schedule D 1 b – Line 2)			

Schedule D 2 – EPFT Fees		
Number of Transactions	Dollar Amount	Fees Collected
(Total Fees Collected Must agree with Schedule D – Line 3)		

Schedule D 3 – Other Income	
Description	Fees Collected
Money Order Fees	
Utility Bill Fees	
Lottery Fees	
Money Transmissions Fees	
Total (Must agree with Schedule D – Line 4)	

Name _____
 Licensee _____

Check Cashers Annual Report for the
 year-ended December 31, 2015

**Schedule E
 Monthly Tangible Net Worth Calculation**

Month End	A Capital Stock	B Add'l Paid in Capital	C Retained Earnings	D Capital Withdraw or Distribution	E Total Capital/Equity (A+B+C-D)	Deductions		H Total Tangible Net Worth (E-F-G)	I # of licensed location*	J Tangible Net Worth Per Location (H/I)	K OK or Violation
						F Goodwill	G Other Intangible Assets				
31-Jan-15											
28-Feb-15											
31-Mar-15											
30-Apr-15											
31-May-15											
30-Jun-15											
31-Jul-15											
31-Aug-15											
30-Sep-15											
31-Oct-15											
30-Nov-15											
31-Dec-15											

*For tangible net worth calculation, # of licensed location can exclude limited stations and mobile units

During 2015, there are total of _____ months in violation of DFS's policy requirement maintaining a tangible net worth of at least \$50 thousand per location. Please provide corrective actions to prevent reoccurrence: _____

Name _____
 Licensee _____

Check Cashers Annual Report for the
 year-ended December 31, 2015

**Schedule F
 Monthly Net Liquid Assets Calculation**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Month End	Cash on Hand	Cashed Checks on Hand	Marketable Securities	Due from Banks	Pledged CD	Total Available Funds (A+B+C+D-E)	Accounts Payable	Loans Payable (<1 Year)	Other Current Liabilities	Total Current Liabilities	Out-standing amount of LOC*	Adjusted Total Current Liabilities (J-K)	Net Liquid Assets (F-L)	# of Licensed Location**	Net Liquid Assets Per Location (M/N)	OK or Violation
31-Jan-15																
28-Feb-15																
31-Mar-15																
30-Apr-15																
31-May-15																
30-Jun-15																
31-Jul-15																
31-Aug-15																
30-Sep-15																
31-Oct-15																
30-Nov-15																
31-Dec-15																

*only if the Line of Credit is secured by a pledged CD

** For Net Liquid Assets Calculation, # of licensed location must include limited stations and mobile units

During 2015, there are total of _____ months in violation of Section 367 (4) of the Banking Law, the statutory requirement of maintaining net liquid assets of at least \$10 thousand per location. Please provide corrective actions to prevent reoccurrence: _____

Name
Licensee _____

Check Cashers Annual Report for the
year-ended December 31, 2015

AFFIDAVIT

I, the undersigned, hereby swear (or affirm) that (i) I am an owner, partner, stockholder with 10% or more of voting stock in Licensee, member of the governing board, LLC member/manager, or executive officer of Licensee; (ii) I am authorized to submit the above report (including all addenda, questionnaire and schedules); and (iii) the information contained therein is accurate, true, correct and complete, to the best of my knowledge and belief.

Full Name

Title

Signature

Date

Subscribed and sworn to before me this date _____

Full Name of Notary Public

Signature of Notary Public

Notary Public Number

Date Commission Expires

County

State