



**LICENSED CASHER OF CHECKS ANNUAL REPORT**  
**(For the year-ended December 31, 2018)**

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## **GENERAL INSTRUCTIONS**

- The Annual Report should be prepared by a qualified person(s) and submitted no later than **March 15, 2019**. Instructions for the submission of the report are detailed in the cover letter.
- All questions relate to:
  - The licensed legal entity as a whole, unless otherwise specified.
  - The year ending **December 31, 2018**.
- Enter the licensee's name in the appropriate space on the top left corner of each page.
- You must enter a response to **each request for information**. Insert *None* or *Not Applicable* where appropriate.
- Should the Questionnaire and Schedules not be submitted in one email, each component submitted must include a signed and notarized affidavit.
- All licensees are required to complete and submit the following, in addition to retaining a copy for the licensee's records, to be filed with other DFS correspondence:
  - Questionnaire
  - Schedules A, B, C, D and E
  - Affidavit
  - Certified Financial Statements
  - A certified public accountant (CPA) must attach a written statement to the completed Annual Report, confirming that the numbers reported in Schedules A, B, C, and D are derived from the audited financial statements of the licensee.
- **Addenda should be attached to the report in response to any of the questions if additional space is required to provide all requested information.**

### **IMPORTANT NOTIFICATIONS**

The licensee is reminded that the following must be reported to the DFS within the specified time frames detailed below.

- Change of licensed location [New York Banking Law (NYBL) §370].
- 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 arrests, indictments, or convictions, etc. within 10 days of occurrence [SR §400.6].
- Reports of misconduct or crimes [SR §300], [SR §400.13].
- Reports of Cybersecurity event - Covered Entities to notify the superintendent of certain Cybersecurity no later than 72 hours from a determination that a reportable Cybersecurity Event has occurred. 17 [23 NYCRR 500.17(a)].

In addition, licensees are permitted to conduct regulated activities only at licensed locations; **each additional location that conducts New York-regulated activities requires an individual branch license [NYBL §370].**

Further, licensees are required to be familiar with and comply all applicable New York and federal laws, regulations, and policies. For further information regarding New York laws, regulations, and policies, refer to <http://www.dfs.ny.gov> .

## **GENERAL INSTRUCTIONS FOR FINANCIAL SCHEDULES**

- 1. The data entered on these schedules must be derived from the licensee's financial statements that have been audited by an independent CPA and for which such CPA has expressed an opinion. The licensee must include the certified financial statements and the CPA's opinion with the completed DFS Annual Report.**
- 2. In addition, the CPA must attach a written statement to the completed DFS Annual Report, confirming that the data in the report is derived from the audited financial statements of the licensee.**
- 3. All dollar amounts in all schedules should be rounded to the nearest dollar.**

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.

**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 that operate multiple locations under a single entity. An individual Schedule D is required for each of such multiple locations (not consolidated) including each mobile unit and each limited station.

**Schedule E – Net Liquid Assets (NLA) and Tangible Net Worth Calculations.**

- For the *Net Liquid Assets* calculation, the number of licensed locations must **include** branches, limited stations, and mobile units.
- For the *Tangible Net Worth* calculation, the number of licensed locations should **exclude** limited stations and mobile units.

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 reported in the space provided on the appropriate supporting schedule.

You must ensure that the totals in the supporting schedules are consistent with the corresponding asset and liability items on the *Balance Sheet (Schedule A)* or income and expense items on the *Statement of Income and Expense (Schedules B and D)*. In addition, income and expense items reported on *Statement of Income and Expense (Schedule D)* must be consistent with the consolidated amounts reported on *Schedule B*. Prior to submission of the 2018 Annual Report, the licensee must proof all footings and calculations.

**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. Complete the following table identifying all locations at which licensee conducted New York check cashing business during the reporting year:  
*(Indicate License Type as Branch (B), Limited Station (L), or Mobile Unit (M))*

LICENSE NUMBER	LICENSE TYPE	COMPLETE ADDRESS	CONTACT NAME	CONTACT PHONE

6. Please complete the following table. *If the Overall Contact also serves as the Billing and/or Examination Contact, you need not complete those fields.*

	Last Name, First Name	Title	Address if Different from Headquarter	Phone	Email	Fax
<b>Overall Contact</b>						
<b>Billing Contact</b>						
<b>Examination Contact</b>						
<b>Compliance Officer</b>						
<b>Attorney</b>						
<b>External CPA/Auditor</b>						
<b>Bookkeeper/ Accountant</b>						
<b>Address where all books, records, accounts and documents are available for examination by the DFS, pursuant to Superintendent's Regulation §400.2.</b>						
<b>Website(s) associated with licensee:</b>						

7. Provide the following information for each director, stockholder, officer, agent, owner, and/or partner. *Attach additional sheet(s), if necessary.*

Name (Last, First)	Title	Social Security Number	Home Address	Telephone	Percentage of Ownership of Licensee	<u>Common Stock</u> Number of Shares/% Total Outstanding	<u>Preferred Stock</u> Number of Shares/% Total Outstanding

8. Provide information for each active employee. *Attach additional sheet(s), if necessary.*

Name (Last, First)	Social Security Number	Home Address	Telephone	Fingerprinted and Registered with the DFS (Yes or No)	If not Fingerprinted, Provide Explanation Below

9. a) Have all of the above listed directors, stockholders, officers, associates, agents, owners, and/or partners been fingerprinted and registered with the DFS? Yes or No \_\_\_\_\_

If No, provide explanation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) For new employees hired by the licensee during the reporting year, were the following submitted to the DFS:

- I. the L1 receipt and L1 letter; and/or
- II. the DFS employee questionnaire, which states that the person fingerprinted was a new employee?

Yes or No \_\_\_\_\_

If No, provide explanation. (Please note that submission of employee photos is not required.)

\_\_\_\_\_  
 \_\_\_\_\_

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 by Superintendent's Regulations Section 400.2 (j)?

Yes or No \_\_\_\_\_

If No, provide explanation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. If the licensee has received written approval from the DFS to act as an agent for a licensed money transmitter, complete the following table:

Name of Licensed Money Transmitter	DFS Approval Date

a. Does the licensee accept public utility company payments? Enter Yes or No \_\_\_\_\_

If Yes, provide complete details of such activities.

\_\_\_\_\_  
 \_\_\_\_\_



- b. Is the licensee specifically authorized by written agreement with a New York licensed money transmitter to remit utility bill payments? Enter *Yes* or *No*

If *Yes*, enter the names of such money transmitters: \_\_\_\_\_


- c. If *yes*, and insurance company provider has changed, submit a copy of the surety bond.
- d. Pursuant to Part 400.12(m) any licensee which terminates its agency relationship with a licensed money transmitter for one or more money transmission activities shall notify the department within 30 days of such termination. Has the licensee **ever** terminated any relationship with any money transmitter? Enter *Yes* or *No* \_\_\_\_\_

If *Yes*, enter the names of such money transmitters:


- e. 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?

*Yes* or *No* \_\_\_\_\_

If *Yes*, complete the following table for each insurance company that provides a surety bond:

Name of Insurance Company	Address of Insurance Company	Surety Bond Amount	Issuance Date	Expiration Date	Addresses of Locations Covered by Surety Bond

Licensee  
 Licensed Cashier of Checks Annual Report  
 As of **December 31, 2018**

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 orders; acceptance of utility bill payments; or sale of money orders?

Yes or No \_\_\_\_\_

If Yes, provide details of all such activities \_\_\_\_\_

a) Is a separate set of books and records maintained for the other activities listed in the response to question 12, or are said activities included in the check cashing records? Yes or No \_\_\_\_\_

If No, provide details of all such activities. \_\_\_\_\_

b) Do others, other than the licensee, solicit or engage in any business or provide any service on the licensed premises? Yes or No \_\_\_\_\_

If Yes, provide details. \_\_\_\_\_

13. Does the licensee use equipment other than microfilm to maintain records of checks cashed?

Yes or No \_\_\_\_\_

If "Yes," provide details \_\_\_\_\_

a) Has the licensee received written approval from the DFS to use such equipment? Yes or No \_\_\_\_\_

If Yes, provide 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? Yes or No \_\_\_\_\_

If Yes, were Currency Transaction Reports ("CTR") filed with FinCen? Yes or No \_\_\_\_\_

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

Full Name of Director, Stockholder, Officer, Owner, or Partner	Name of Check Casher	Ownership Percentage

16. Do the licensee, its principals, or if applicable, parent company or affiliate(s), operate as check cashers outside of New York State? Yes or No \_\_\_\_\_

If Yes provide names and addresses:

Name of Check Casher in Other State	Complete Address of Check Casher in Other State

17. List all organizations for which the directors, stockholders, officers, owners, or partners of the licensee maintain ownership and/or managing interests.

\_\_\_\_\_ (Complete below unless *none* entered to the left.)

Individual Name	Title	Telephone	Company (not licensee)	Address of Company

18. List all organizations for which the licensee provides off premises check cashing services.  
 \_\_\_\_\_ (Complete unless *none* entered to the left.)

Individual Name	Title	Telephone	Company (not licensee)	Address of Company

19. Since the filing of the prior *Annual Report*, has the licensee continuously maintained net 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?**

Yes or No \_\_\_\_\_

If *No*, provide details of how and when the violation will be remediated?

\_\_\_\_\_

\_\_\_\_\_

20. Complete the following for each line of credit (“LOC”):

Name of Bank Providing LOC	Amount	Terms	Issuance Date	Expiration Date	Type of Security Pledged	Name of Holder of Security Pledged

21. Does the licensee or any of its principals have an interest in any of the management firm?

Yes or No \_\_\_\_\_

If *Yes*, complete the following table.

Name of Management Firm	Principal	Ownership Percentage

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?

Yes or No \_\_\_\_\_

If Yes, complete the following table

Name of Principal of Licensee	Name of Firm	Name of Principal of Firm	Ownership Percentage

23. Per DFS polices, since the filing of the *2017 Annual Report*, has the licensee continuously maintained tangible net worth of at **least \$50,000 per licensed location**?

Yes or No \_\_\_\_\_

If No, provide details of remediation of such breach of DFS policy.

\_\_\_\_\_

24. Provide:

a. The name of person who conducted the most recent independent review of BSA/AML compliance and the date of review. \_\_\_\_\_

b. The name of the compliance officer and date appointed \_\_\_\_\_

25. Has the licensee's deposit account, maintained for the deposits of checks, drafts, and money orders in a banking institution, been established prior to November 1, 2005?

Yes or No \_\_\_\_\_

If No, provide name of bank and date account opened: \_\_\_\_\_

26. Has the licensee provided documentation to the DFS evidencing compliance with Parts 400.4 (a) (2) and (3) of the Superintendent's Regulations? Yes or No \_\_\_\_\_

(If No, submit such documentation with the *2018 Annual Report*)

27. Provide the Employer Identification Number (EIN) for the licensee's New York license: \_\_\_\_\_

28. In addition to the check cashing fee, are there any other fees, such as returned check fee, etc., charged to the licensee's customers? Yes or No \_\_\_\_\_

If Yes, provide fee type, amount charged per transaction, and where such are disclosed.

\_\_\_\_\_  
 \_\_\_\_\_

29. Have any of the following individuals and entities been involved in any of the following listed matters in 2018 or 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, or 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 were named as defendants)
- 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)

Yes or No \_\_\_\_\_

If Yes, provide details, and for the court proceedings, lawsuits and settlements, attach 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 its obligations:

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## FINANCIAL SCHEDULES

ROUND ALL DOLLAR AMOUNTS THROUGHOUT THIS REPORT TO THE NEAREST DOLLAR

Schedule A - BALANCE SHEET	
Assets	Amount
1. Cash on Hand	
2. Cashed Checks on Hand (Not Previously Dishonored)	
3. Marketable Investments (Schedule A1)	
4. Due from Banks (A 2) <b>(DO NOT REPORT ACCOUNTS WITH NEGATIVE BALANCES)</b>	
5. <b>Sub-Total</b>	
6. Government Transaction Fees Receivable	
7. Prepaid Expenses	
8. Check Cashing Fees Receivable (A 3)	
9. Miscellaneous – Current Portion (A 4, Column 2)	
10. <b>Current Assets</b>	
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. <b>Total Assets</b>	

Liabilities and Equity	Amount
<b>Due in One Year or Less</b>	
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. <b>Sub-Total</b>	
<b>Due in More than One Year</b>	
23. Funds Borrowed – Long Term Portion (A 7 – Column 3)	
24. Other Long-Term Liabilities (A 9)	
25. <b>Total Liabilities</b>	
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. <b>Total Liabilities and Equity</b>	

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

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

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

Schedule A 4 – Miscellaneous Assets			
Description	(1) Total Amount	(2) Current Portion	(3) Long-Term Portion
<b>Totals</b>			

**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.

Schedule A 5 – Returned Checks on Hand						
Date of Check	Date Cashed	Date Returned	Maker	Payee	Reason Returned	Amount
<b>Total (Must Agree with Schedule A – Line 11)</b>						

Schedule A 6 - Accounts Payable	
Description	Amount
Due to Money Order Company	
Due to Money Transmitter	
Due to Lottery	
Due to Affiliates	
Due to Utility Companies for Payments Received	
<b>Total (Must Agree with Schedule A – Line 18)</b>	

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
<b>Total</b>								

**Notes:**

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

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

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



<b>Schedule B INCOME AND EXPENSE STATEMENT</b>	
<b>Income</b>	<b>Amount (Nearest Dollar)</b>
1. Total Check Cashing Fees Collected Consumer (Schedule B 1a)	
2. Total Check Cashing Fees Collected Commercial (Schedule B 1b)	
3. EPFT Fees	
4. Other Income (B 2) Itemize <u>all</u> fees/income, use additional page if necessary	
<b>Total Income</b>	
<b>Expenses</b>	<b>Amount (Nearest Dollar)</b>
5. Salaries – Officers	
6. Salaries – Proprietors & Partners	
7. Salaries – Employees	
8. Management Fees	
9. Money Delivery Charges	
10. Bank Service Charges	
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 (B 3)	
20. Other Expenses (B 4) Itemize <u>all</u> expenses, use additional page if necessary	
<b>21. Total Expenses</b>	
<b>22. Net Profit (Line 4 greater than Line 21)</b>	
<b>23. Net Loss (Line 21 greater than Line 4)</b>	

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

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

<b>Schedule B 2 – Other Income</b>	
<b>Description</b>	<b>Fees Collected</b>
Money Order Fees	
Utility Bill Fees	
Lottery Fees	
Money Transmissions Fees	
Returned Check Fees	
<b>Total (Must agree with Schedule B – Line 4)</b>	

<b>Schedule B 3 – Losses</b>	
<b>Description</b>	<b>Amount</b>
Net Shortages	
Returned Checks Written Off	
Robberies	
Burglaries	
Defalcations	
<b>Total (Must agree with Schedule B – Line 19)</b>	

<b>Schedule B 4 – Other Expenses</b>	
<b>Description</b>	<b>Amount</b>
<b>Total (Must agree with Schedule B – Line 20)</b>	

<b>SCHEDULE C RECONCILEMENT OF STOCKHOLDERS' EQUITY (Corporations Only)</b>	
<b>Description</b>	<b>Amount</b>
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	
<b>10. Total Stockholders' Equity (line 6 minus line 9)</b>	

<b>SCHEDULE C RECONCILEMENT OF NET WORTH (Proprietorships &amp; Partnerships Only)</b>	
<b>Description</b>	<b>Amount</b>
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	
<b>8. Total Net Worth (line 4 minus line 7)</b>	

List capital additions below:

Description of Capital Addition	Date of Capital Addition	Amount (in nearest dollar)

List capital withdrawals below:

Description of Capital Withdrawal	Date of Capital Withdrawal	Amount (in nearest dollar)

**PHOTOCOPY AND NUMBER THIS SHEET FOR ADDITIONAL LOCATIONS**

**Location Address:** \_\_\_\_\_

<b>SCHEDULE D INCOME AND EXPENSE STATEMENT</b>	
<b>Income</b>	<b>Amount (Nearest Dollar)</b>
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	
4. Other Income (D 2)	
<b>Total Income</b>	
<b>Expenses</b>	<b>Amount (Nearest Dollar)</b>
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	
<b>21. Total Expenses</b>	
<b>22. Net Profit (Line 4 greater than Line 21)</b>	
<b>23. Net Loss (Line 21 greater than Line 4)</b>	

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

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

<b>Schedule D 2 – Other Income</b>	
<b>Description</b>	<b>Fees Collected</b>
Money Order Fees	
Utility Bill Fees	
Lottery Fees	
Money Transmissions Fees	
<b>Total (Must agree with Schedule D – Line 4)</b>	

**Schedule E  
 Net Liquid Assets Calculation**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Month End	Cash on Hand	Cashed Checks on Hand	Marketable Securities	Due from Banks (Pledged CD must be excluded)	Total Available Funds (A+B+C+D)	Accounts Payable	Loans Payable (<1 Year)	Other Current Liabilities	Total Current Liabilities	Net Liquid Assets (E-I)	Outstanding Line of Credit *	Adjusted Net Liquid Assets (J+K)	Number of Licensed Locations **	Net Liquid Assets Per Location (L/M)	In Compliance (N >= \$10,000? Yes or No)
6/30/18															
12/31/18															

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

\*\* For Net Liquid Assets Calculation, number of licensed locations must include branches, limited stations, and mobile units

**Tangible Net Worth Calculation**

	A	B	C	D	E	F		G	H	I	J	K
Month End	Capital Stock	Additional Paid in Capital	Retained Earnings	Capital Withdrawal or Distribution	Total Capital/Equity (A+B+C-D)	Deductions		Other Intangible Assets	Total Tangible Net Worth (E-F-G)	Number of licensed locations*	Tangible Net Worth Per Location (H/I)	In Compliance (J >= \$50,000? Yes or No)
						Goodwill						
6/30/18												
12/31/18												

\*For tangible net worth calculation, number of licensed locations should exclude limited stations and mobile units

