

Delayed Deposit Services Licensee Annual Report – Instructions

These instructions are for use in completing the Delayed Deposit Services Licensee Annual Report for the Year Ending December 31, 2015. You must use Microsoft Excel or a compatible electronic spreadsheet program in order to submit the Annual Report in the required electronic format. The Annual Report must be completed for each license held in this state. Entities holding one or more licenses must file an electronic Annual Report for each such license, on a county by county basis. Once completed, the Annual Report must be submitted via email in its original electronic spreadsheet format to DOB.ConsumerFinance@nebraska.gov no later than April 11, 2016. Do not mail the Annual Report.

The individual completing the Annual Report must also submit an Affidavit affirming that to the best of his/her knowledge the information contained in the Annual Report is true. The Affidavit requires original signatures and notarization, and must be mailed or delivered to the Nebraska Department of Banking and Finance, 1526 “K” St. #300, PO Box 95006, Lincoln, NE 68509-5006. Alternatively, an electronic copy of the affidavit can be emailed to DOB.ConsumerFinance@nebraska.gov. A separate Affidavit is required for each license held in the state. All information, including the electronic Annual Report and Affidavit, must be submitted on or before April 11, 2016. A Delayed Deposit Services License will not be renewed without the submission of a complete and accurate Annual Report and Affidavit.

ANNUAL REPORT

The purpose of the Annual Report is to provide a detailed summary of information for all operations conducted by the legal entity required to file in accordance with the Delayed Deposit Services Licensing Act, or required by the Nebraska Department of Banking and Finance in its administration of the Act.

- Follow all instructions explicitly.
- Do not change or add fields to the Annual Report.
- Do not underline information.
- Round all amounts to the nearest dollar.
- Where insufficient space is provided to set forth the facts adequately, attach a schedule giving the details, and reference it accordingly.

Description of Lines of Business to be Reported

Throughout the report, various references are made to the types of business activities engaged in by the reporting entity. These activities are defined as follows:

- **Delayed Deposit Services Business**: Transactions which require licensing and reporting under the Nebraska Delayed Deposit Services Licensing Act.
- **Other Business**: All non-DDS business activities engaged in by the reporting entity at the licensed location and its branches. (This includes, but is not limited to, check cashing, money orders, facsimile services, phone cards, and tax preparation.)

ANNUAL REPORT INSTRUCTIONS

Schedule A

*The purpose of this schedule is to show all income derived or produced, and all expenses incurred, by the reporting entity during the period January 1, 2015 through December 31, 2015. **REPORT ONLY INCOME AND EXPENSES RELATING TO BUSINESS CONDUCTED AT THE LICENSED LOCATION AND ITS BRANCHES. SUBMIT A SEPARATE REPORT FOR EACH LICENSE HELD IN NEBRASKA.***

INCOME:

1. **DDS Transaction Fees Collected.** This entry must include all fees charged for DDS transactions, but does not include NSF penalties, charge off recovery, or payment for non-negotiable checks sold.
2. **DDS NSF Penalties Related to DDS Transactions.** This entry must include all penalties collected for non-negotiable DDS checks.
3. **DDS Charge Off Recovery.** This entry must include all payments received in 2015 for checks written off in prior years.
4. **DDS Non-Negotiable Checks Sold.** This entry must include all payments received for non-negotiable DDS checks sold to another entity.
5. **Total Income Attributable to DDS.** This is a total of all income entered on lines 1 through 4.
6. **Income from Non-DDS Business Conducted at Licensed Location and Its Branches.** This entry must include all income from non-DDS business conducted at the licensed location and all of its branches.
7. **Gross Income.** This is a total of lines 5 and 6.

EXPENSES:

8. **DDS Bad Debt (Charged or Written Off).** This entry must show the dollar amount of all DDS checks charged or written off during 2015.
9. **DDS Compensation.** This entry must include all compensation paid to individuals for operation of the licensed location and its branches.
 - a. Officers, Owners, Partners, Members
 - b. All Other Employees
10. **DDS Collection Expenses.** This entry must include all expenses related to the collection of non-negotiable DDS checks, for example, collection retainer fees or costs not awarded by the court.
11. **Other DDS Expenses.** This entry must include all expenses related to the operation of the DDS business not included in lines 8 through 10.
12. **Expenses from Non-DDS business.** This entry is for non-DDS business expenses incurred at the licensed location and its branches, and must include all other expenses not reported on lines 8 through 11.
13. **Total Expenses.** This is a total of all expenses entered on lines 8 through 12.

NET INCOME:

14. **DDS Net Income (Gross Income – Total Expenses).** This will equal Total Expenses on line 13 subtracted from the Gross Income on line 7.

Schedule B

*The purpose of this schedule is to show the assets and liabilities of the licensed location and its branches as of December 31, 2015. **SUBMIT A SEPARATE REPORT FOR EACH LICENSE HELD IN NEBRASKA.***

ASSETS:

15. **Cash on Hand and in Banks – Available for DDS Operations.** This entry is the amount of cash on hand or on deposit with a financial institution at the end of the year, readily available for DDS advances and the operation of this licensed location and its branches.
16. **DDS Current Inventory.** This entry must include all DDS checks held by the licensee for transactions not yet due for payment or presentment.
17. **DDS Collection Inventory.** This entry must include all non-negotiable DDS checks. Note: Do not include bad checks charged off or sold and no longer considered collectable and an asset. Those checks must be entered as an expense on Line 8. DDS Bad Debt (Charged or Written Off).
18. **All Other DDS Assets.** This entry must show all other assets attributable to the license.
19. **Total Assets.** This is the sum of lines 15 and 18.

LIABILITIES:

20. **Total Liabilities.** This entry must include total liabilities of the licensed location and its branches.

NET WORTH:

21. **Net Worth.** This is the Total Liabilities on line 20 subtracted from the Total Assets on line 19.

LIABILITIES + NET WORTH:

22. **Total Liabilities + Net Worth.** This amount must equal Total Assets on line 19.