



DEFERRED DEPOSIT LOAN ANNUAL REPORT OF LICENSEE

Engaged in the Business of Making Regulated Loans
Under the Deferred Deposit Loan Act

For the Calendar Year Ended December 31, 2014

Each licensee is required by Montana law to submit an annual report of its operations (31-1-714, MCA). Please complete this report according to the attached instructions. Be sure to report only information pertaining to business conducted under the Montana Deferred Deposit Loan Act. **Report only loans made to Montana residents.**

Important: The report must be filed on or before **April 15, 2015**. Failure to submit a report on time or in the required format will cause the Department to begin proceedings to initiate an enforcement action against your license, which may include suspension or revocation and a fine.

ANNUAL REPORTS CAN BE SENT BACK TO THE DIVISION BY EMAIL, MAIL, OR FAX.

REGULAR MAIL:

Division of Banking & Financial
Institutions
P.O. Box 200546
Helena, MT 59620-0546

OVERNIGHT MAIL:

Division of Banking & Financial
Institutions
301 South Park, Suite 316
Helena, MT 59601

FAX: 406-841-2930

E-MAIL: ssheehy@mt.gov

PHONE: 406-841-2945

CHECK HERE IF NO LOANS MADE TO MONTANA RESIDENTS IN 2014

REPORTING ENTITY

1. Name of Licensee _____

2. License number _____

3. Address of licensed location _____

4. Number of employees at this location at year-end _____

5. Name of person preparing this report _____

6. Phone number of preparer _____

Fax Number _____

E-mail Address _____

STATEMENT OF INCOME AND EXPENSES

Calendar Year Ending December 31, 2014

****REPORT ONLY DEFERRED DEPOSIT LOAN BUSINESS IN MONTANA****

****DO NOT INCLUDE INCOME FROM ANY OTHER TYPE OF BUSINESS****

INCOME

- 7. Charges Collected or Earned _____
- 8. Other Income (itemize)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 9. **Total Operating Income** _____

EXPENSES - If any expenses are shared with other business operations, please use your best estimate in allocating that portion of the expense attributable to the deferred deposit loan business.

- 10. Advertising _____
- 11. Auditing _____
- 12. Bad Debts:
 - a. Debts Charged Off _____
 - b. (Deduct) Recoveries _____
 - c. Additions to Reserve for Bad Debts _____
- 13. Depreciation and Amortization _____
- 14. Insurance and Fidelity Bonds _____
- 15. Legal Fees and Disbursements _____
- 16. Postage, Printing, Stationery and Supplies _____
- 17. Rent, Utilities and Janitorial Services _____
- 18. Salaries of Officers, Owners, Partners and Members _____
- 19. Salaries of all Other Employees _____
- 20. Taxes, Other than Income _____
- 21. License Fees _____
- 22. Telephone and Other Communications _____
- 23. Travel _____
- 24. Supervision & Administration (when not allocated to other items) _____
- 25. Other Expenses (itemize)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- 26. Interest on Borrowed Funds
 - a. Intra-company _____
 - b. Paid to Others _____
- 27. **Total Expenses Before Income Taxes** _____
- 28. Net Income Before Income Taxes (Line 9 minus Line 27) _____
- 29. Federal Income Taxes _____
- 30. State Income Taxes _____
- 31. **Total Expenses** (Line 27 plus Lines 29 and 30) _____
- 32. **Net Income** (Line 9 minus Line 31) _____

STATEMENT OF ASSETS AND LIABILITIES

	December 31, 2014	December 31, 2013
33. Cash on Hand and in Banks	_____	_____
34. Investments	_____	_____
35. Loans Receivable	_____	_____
36. Less: Reserve for Bad Debts	_____	_____
37. Furniture & Fixed Assets	_____	_____
38. All Other Assets (specify)		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
39. TOTAL ASSETS	_____	_____
40. Accounts Payable	_____	_____
41. Short-term Loans Payable	_____	_____
42. Current Portion of Long-term Loans Payable	_____	_____
43. All Other Short-term Liabilities (specify)		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
44. Long-term Loans Payable	_____	_____
45. All Other Long-term Liabilities (specify)		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
46. TOTAL LIABILITIES	_____	_____
47. Capital Stock	_____	_____
48. Paid in Surplus	_____	_____
49. Undivided Profits	_____	_____
50. Capital Reserves	_____	_____
51. Other Components of Net Worth (specify)		
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
52. TOTAL NET WORTH	_____	_____
53. TOTAL LIABILITIES & NET WORTH (must agree with Line 39)	_____	_____

STATEMENT OF LOAN ACTIVITY

	<u>NUMBER</u>	<u>AMOUNT</u>
54. Total loans made during the year	_____	_____
55. Total loans outstanding at year end	_____	_____
56. Amount of the smallest deferred deposit check accepted during the year		_____
57. Amount of the largest deferred deposit check accepted during the year		_____
58. Number of borrowers with 12 or less loans in one year	_____	
59. Number of borrowers with 13 or more loans in one year	_____	
60. Average deferred deposit loan amount		_____
61. Average annual percentage rate on deferred deposit loan		_____
62. Average term of deferred deposit loans	_____	
63. Number of rescinded deferred deposit loans	_____	
64. Checks returned during the year	_____	_____
65. Checks recovered during the year	_____	_____

Attach as a separate exhibit a description of other business conducted on the premises if applicable.

AFFIDAVIT

I, _____ the undersigned, being the _____ of _____ swear or affirm that, to the best of my knowledge and belief, the statements contained in this report, including the accompanying schedules and statements, if any, are true and that the same is a true and complete statement in accordance with the law.

I hereby certify that in the year ending December 31, 2014, this licensee did not use a criminal process or cause a criminal process to be used in the collection of any deferred deposit loans or use any civil process to collect the payment of deferred deposit loans that is not available to deferred deposit lenders under the provisions of the Montana Deferred Deposit Loan Act.

Signature

Date

TO BE COMPLETED BY NOTARY:

State of _____)
) ss
County of _____)

On this _____ day of _____, 20_____, before me personally appeared _____, known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

Signature of Notarial Officer

Name - typed, stamped, or printed

Title and Rank

Residing at

My commission expires: _____

*AFFIX
SEAL
HERE*