STATE OF NEVADA

JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

SANDY O'LAUGHLIN
Commissioner

DEPARTMENT OF BUSINESS AND INDUSTRY

FINANCIAL INSTITUTIONS DIVISION

COLLECTION AGENCY ANNUAL REPORT TO COMMISSIONER
Instructions, Checklist and Form

ANNUAL REPORT INSTRUCTIONS

Due Date: April 15, 2026

Extension Requests must be sent to: FIDCPA@fid.state.nv.us prior to April 15, 2026. Requests made after April 14th will not be granted.

Form Information

Please read the attached Annual Report form carefully for instructions prior to submitting the documents. It can also be found on our website: https://fid.nv.gov/ On the homepage, click on "Licensing" on the top menu bar and click on "Collection Agency, Collection Manager", scroll down to the "General Forms" section, and click on "Annual Report Form".

Extension Request Contact

Request for an extension to submit the report past April 15th, *must* be submitted to the Financial Institutions Division by email prior to April 15, 2026, to avoid late fees and/or delays in renewal: FIDCPA@fid.state.nv.us

Annual Report to the Commissioner - Checklist		
Complete	**NV-Financial Institutions Division Collection Agency License – Annual Report**	**Submitted via…**
☐	**Annual Report Form:** Upload the completed annual report form and supporting documentation to NMLS. All active license numbers should be listed on the form in the space provided. This document should be named: *Nevada Annual Report - 2025*	**Upload in NMLS:** under the Document Type Additional Requirements in the *Document Uploads* section of the Company Form (MU1).
☐	**Financial Statements:** Upload the CPA prepared financial statements to NMLS. **Note:** Financial statements are uploaded separately under the Filing tab and *Financial Statement* submenu link. See the Financial Statements Quick Guide for instructions.	**Upload in NMLS:** Under the Financial Statement section of NMLS.
☐	**Email Nevada to Confirm Submission:** After submitting both the annual report and financial statements, email Nevada to confirm the submission. **Note:** The email subject line should include the Company Name and NMLS ID Number.	**Email to FIDCPA@fid.state.nv.us**

Should you have any questions concerning the above, please contact the Financial Institutions Division.

Phone Number: 702-486-4120

Email Address: FIDCPA@fid.state.nv.us.

COLLECTION AGENCY ANNUAL REPORT TO COMMISSIONER

Review the instructions and checklist on pages 1 and 2 prior to completing and submitting this form**.**

ANNUAL REPORT FORM

Collection Agency Information

Collection Agency Name: _____

Collection Agency DBA: _____

Street Address: _____

City, State, Zip Code: _____

Contact Person: _____

Name Email Address

List of Locations Licensed in Nevada

Only include locations that hold an active Nevada Collection Agency License. You do not need to include all locations that conduct activity. Ensure your branch location list is updated in NMLS as needed.

Nevada Collection Agency License Numbers *(e.g. CA99999)*

LIST of COMPLIANCE MANAGERS

Name	Certificate Number

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NOTE: Where sufficient space is not provided anywhere on this Annual Report to properly set forth the facts, attach appropriately labeled schedules reflecting the necessary details.

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REQUIRED DOCUMENATION

1. **Report of Agency's Financial Standing**

   Pursuant to NRS 649.345(1)(e) and NAC 649.081, provide a *report of the agency's financial standing* for the Annual Report year ended December 31st or current fiscal year end, which must be prepared by a licensed Certified Public Accountant (CPA) in good standing in the state where the Annual Report is prepared. At a minimum, the *report of the agency's financial standing* must include:

   1) A signed and dated letter written on letterhead reflecting that a CPA in good standing "prepared" the report of financial standing,
   2) A Statement of Assets, Liabilities, & Owners' Equity [balance sheet], and
   3) A Statement of Operations [income statement or profit & loss]. A CPA prepared "modified" compilation that is not a full GAAP engagement, (i.e., without the cash flow statement, the statement of shareholders' equity, and notes to the financial statements) is acceptable.

   If the agency is majority owned by a parent company, then complete audited, reviewed or compiled financial statements of the parent may be submitted instead – include verification of the parent/subsidiary relationship. If the agency or its parent is a publicly traded corporation reporting to the SEC whose financial statements can be found online, then a detailed note indicating such is acceptable.

2. **Trust Account Bank Statement(s) & Trust Account Reconciliation**

   Pursuant to NRS 649.345(1)(b) and NAC 649.081, enclose a copy of the trust account bank statement(s) along with a copy of the account reconciliation for the month ended December 31st or current fiscal year end of the Annual Report year for each trust account established to collect funds for Nevada clients/ customers/creditors, whether it incurred any Nevada client activity or no activity during the Annual Report year. A computer print-out of all trust account reconciliations is preferred; otherwise, complete the reconciliation schedule below for each trust account that holds funds or collects funds for Nevada debtors and Nevada clients. On the schedule below, the *Adjusted bank balance at December 31st or current fiscal year end, must agree to the *Adjusted G/L or checkbook balance at December 31st or current fiscal year end.

   If the trust cash accounts are not separately stated on the balance sheet, please provide a trial balance that agrees with the reconciled trust account.

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Trust Account Reconciliation

Ending cash balance per bank statement	$
Add total of deposits made by December 31st or current fiscal yearend that are not reflected on bank statement. If no computer reconciliation is available, then provide copies of deposits.	$
Subtract total of checks written as of December 31st or current fiscal yearend that are not reflected on bank statement. If no computer reconciliation is available, then list checks on following page.	$
***Adjusted bank balance* at December* **31st or current fiscal year end**	$
G/L or checkbook balance	$
Subtract bank service charges reflected on bank statement	$
Adjusted G/L or checkbook balance at December 31st or current fiscal year	$
Subtract 'funds due clients at December 31st or current fiscal year end	$
Cash Over or (Short)	$

Note: If the 'funds due clients at December 31st or current fiscal year end above exceeds (Short) the **Adjusted G/L or checkbook balance at December 31st or current fiscal year end* above, then provide a copy of the applicable bank deposit made to cover the cash shortage (The balance in the trust account must always equal or exceed the funds due clients/customers/creditors).

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NOTE: Where sufficient space is not provided anywhere on this Annual Report to properly set forth the facts, attach appropriately labeled schedules reflecting the necessary details.

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CHECKS OUTSTANDING

Payee	Check #	$ Amount	Date

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3. Pursuant to NRS 649.345(1)(a) report below the total sum of money due to all Nevada clients, customers, creditors as of the close of the last business day of the report year, which is generally December 31st or current fiscal year end.

Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$
Client/Customer/Creditor		$

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NOTE: Where sufficient space is not provided anywhere on this Annual Report to properly set forth the facts, attach appropriately labeled schedules reflecting the necessary details.

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4. Pursuant to NRS 649.345(1)(c) and (d), for the annual report year alphabetically list below funds collected for any Nevada clients/customers/creditors which were collected more than 60 days before the last business day of the preceding month and not remitted **by December 31st or current fiscal year end**. In addition, provide a short explanation for the non-settlement for each amount. If no applicable unsettled amounts, then please indicate "N/A" in the first Creditor Name field below.

Creditor Name	**Date Collected**	**$ Amount**	**Explanation**

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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:

** Retain a copy of this Report for your files. **

***** Nevada Revised Statute requires a fee of $10.00 per day for a late, erroneous, or deficient filings of the Annual Report. ****