

For Use as a Worksheet Only – Do Not Send to the Department!

**State of New Jersey
Department of Banking & Insurance**



**Annual Report Worksheet for
Consumer Lenders
Year Ending December 31, 2016**

**New Jersey Department of Banking & Insurance
Division of Banking
Attn: Sharon Davis -- 5th floor
20 West State Street
Trenton, NJ 08625-0040**

For Use as a Worksheet Only – Do Not Send to the Department!

Licensee Demographics

The online application will populate the associated fields with the data currently found in our Licensing System. All information requested below will be required by the online application (unless indicated otherwise.)

(This is the 7-digit identification number found on your licensing certificate, followed by one of the following type codes: C31, P31, or I31.)

NJ License Reference Number: _____

Licensee Name: _____

Business Address: _____

Telephone Number: _____

FAX Number: _____

Business E-mail: _____

Every licensee **must** include their official business e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official business e-mail address will result in a failure to comply with the annual report filing.

Note: All licensees who were actively licensed in New Jersey for any period of time from January 1, 2016 through December 31, 2016 are required to file an annual report. You are required to file an annual report even if you did no business in 2016. Audited financial statements are not required to complete your annual report.

If you were actively licensed on December 31, 2016, your annual report must reflect the total activity of your New Jersey business as of the end of 2016.

If you surrendered your license during 2016, your annual report must reflect the total activity of your New Jersey business as of the date of surrender.

Your annual report should only reflect the amount of business done with New Jersey consumers thru your main office and all New Jersey branch offices during 2016.

If you actively held two or more New Jersey licenses during 2016, you must file an annual report for each type of license.

For Use as a Worksheet Only – Do Not Send to the Department!

Balance Sheet *as of 12/31/2016 or Close of Business*

Balance Sheet Instructions

Use the following pages to collect the financial information that will be entered into the online application as part of your balance sheet. *When entering data into the online application, please remember these important points:*

- Financial statements can be consolidated for the entire company; they do not have to be New Jersey specific.
- Round all amounts to the nearest whole US dollar, and do not enter any commas or periods.
- The assets section of the balance sheet contains an “Other Assets” line. If you do not see an appropriate entry for an account on the assets screen, clicking the “Other Assets” link will display a new screen that allows you to enter the description and amount for any account not described on the assets page. The total calculated on the “Other Assets” page will be automatically included on the assets page at the “Other Assets” line. These worksheets are organized in a similar fashion.
- The liabilities section of the balance sheet contains an “Other Liabilities” line. If you do not see an appropriate entry for an account on the liabilities screen, clicking the “Other Liabilities” link will display a new screen that allows you to enter the description and amount for any account not described on the liabilities page. The total calculated on the “Other Liabilities” page will be automatically included on the liabilities page at the “Other Liabilities” line. These worksheets are organized in a similar fashion.
- When entering “Other Assets” or “Other Liabilities”, you may organize and combine similar accounts to correspond with your personal accounting needs.
- The stockholders’ equity section of the balance sheet contains an “Other Stockholders’ Equity” line. If you do not see an appropriate entry for certain accounts on the stockholders’ equity screen, add those accounts and enter the total amount on the “Other Stockholders’ Equity” line. There is no need to provide detailed descriptions for those entries.
- The online application does not currently provide a facility for entering contra-accounts into the balance sheet. Instead, you must net any accounts that have a corresponding contra-account, and enter only the net amount into the balance sheet.

Example: If Total Fixed Assets is \$100,000, and Total Accumulated Depreciation is (\$10,000), enter \$90,000 as the Total Net Fixed Assets.

- Your Total Assets must equal your Total Liabilities plus your Total Stockholders’ Equity. ***The online application will not allow you to submit your annual report if your balance sheet does not balance!***

For Use as a Worksheet Only – Do Not Send to the Department!

Balance Sheet
as of 12/31/2016 or Close of Business

ASSETS

Line	Description of Asset	Whole Dollar Amount
1	Cash and Cash Equivalents	
2	Prepaid Expenses	
3	Accounts Receivable	
4	Accrued Interest Receivable	
5	Tax Receivable	
6	Miscellaneous Receivables	
7	Due from Affiliates	
8	Securities Purchased Under Agreement to Resell	
9	Deferred Tax Asset	
10	Investments	
11	Real Estate Owned	
12	Property, Plant & Equipment	
13	Goodwill	
14	Other Assets <i>(Use attached Schedule A-1. Enter the total from Schedule A-1 here.)</i>	
15	Total Assets <i>(Add all lines above.)</i>	

For Use as a Worksheet Only – Do Not Send to the Department!

Balance Sheet
as of 12/31/2016 or Close of Business

LIABILITIES

Line	Description of Liability	Whole Dollar Amount
1	Accounts Payable	
2	Notes Payable - Current	
3	Accrued Interest Payable	
4	Accrued Expenses	
5	Income Taxes Payable	
6	Securities Sold, Not Yet Purchased at Fair Value	
7	Securities Sold Under Agreement to Repurchase	
8	Warehouse Facilities	
9	Derivative Financial Instruments	
10	Allowance for Losses on Loans Serviced	
11	Recourse Reserve Related to Loans Sold	
12	Deferred Revenue	
13	Notes Payable – Long Term	
14	Other Liabilities <i>(Use attached Schedule L-1. Enter the total from Schedule L-1 here.)</i>	
15	Total Liabilities <i>(Add all lines above.)</i>	

For Use as a Worksheet Only – Do Not Send to the Department!

Balance Sheet
as of 12/31/2016 or Close of Business

STOCKHOLDERS' EQUITY

Line	Description of Stockholders' Equity	Whole Dollar Amount
1	Common Stock, Par Value	
2	Preferred Stock, Par value	
3	Additional Paid-in Capital	
4	Retained Earnings	
5	Other Stockholders' Equity	
6	Total Stockholders' Equity <i>(Add all lines above.)</i>	
7	Total Liabilities <i>(From line 15 of the Liabilities page of the Balance Sheet.)</i>	
8	Total Liabilities and Stockholders' Equity <i>(Add line 6 and line 7.)</i>	
9	Total Assets <i>(From line 15 of the Assets page of the Balance Sheet.)</i>	

NOTE: Your Total Assets (line 9) MUST EQUAL your Total Liabilities plus your Total Stockholders' Equity (line 8).

The online application will not allow you to submit your Annual Report if the balance sheet does not balance.

For Use as a Worksheet Only – Do Not Send to the Department!

NET TANGIBLE CAPITAL CALCULATION
for Consumer Lenders
as of 12/31/2016 or Close of Business

Dollar amounts that are encumbered may be deducted from the Total Stockholders' Equity in order to calculate the Net Tangible Capital.

Line		Whole Dollar Amount
1	Total Capital at the End of the Year <i>(From line 6 of the Stockholders' Equity page of the Balance Sheet.)</i>	
	Description of Deduction	Whole Dollar Amount
2	Assets Pledged to Secure Obligations	
3	Assets Due from Parents or Affiliates	
4	Market Adjustment to Securities	
5	Market Adjustment to Repossessed Assets	
6	Investments in Subsidiaries	
7	Goodwill and Other Intangibles	
8	Value of Servicing Contracts (NJ Loans)	
9	Other Deductions	
10	Total Deductions <i>(Add all deductions above.)</i>	
11	Total Net Tangible Capital <i>(Subtract line 10 from line 1.)</i>	

NOTE: The Total Net Tangible Capital calculated above will be used on the following page to determine if you have satisfied your 2016 Net Worth Requirement.

For Use as a Worksheet Only – Do Not Send to the Department!

NET WORTH REQUIREMENT
for Consumer Lenders
as of 12/31/2016 or Close of Business

The net worth requirement for your business is based on the standard associated with type of license you actively held during 2016.

1	Net Worth Requirement for a Consumer Lender <i>If you conducted business during 2016, your net worth requirement is \$100,000.</i>	\$ 100,000
2	Reported Total Net Tangible Capital <i>(From line 11 of the Net Tangible Capital Calculation page.)</i>	

The amount of your Total Net Tangible Capital (line 2) must be sufficient to meet your Net Worth Requirement (line 1). The online application will automatically calculate whether or not your Net Worth Requirement has been satisfied.

For Use as a Worksheet Only – Do Not Send to the Department!

Income Statement
as of 12/31/2016 or Close of Business

REVENUE

Line	Description of Revenue	Whole Dollar Amount
1	Servicing Revenue	
2	Interest Income	
3	Late Charge Revenue	
4	NSF Revenue	
5	Commissions	
6	Principal Sales Credits & Trading Net Gains	
7	Fees	
8	Other Revenues <i>(Use attached Schedule R-1. Enter the total from Schedule R-1 here.)</i>	
9	Total Revenue <i>(Add all lines above.)</i>	

For Use as a Worksheet Only – Do Not Send to the Department!

Income Statement
as of 12/31/2016 or Close of Business

EXPENSES

Line	Description of Expenses	Whole Dollar Amount
1	Compensation & Benefits	
2	Intangible Amortization	
3	Collection Fees	
4	Occupancy and Related Office Expenses	
5	Selling, General & Administrative Expenses	
6	Professional Fees	
7	Affiliated Company Services	
8	Brokerage Clearing & Exchange Fees	
9	Net Provision for Losses	
10	Interest Expense	
11	Other Expenses <i>(Use attached Schedule X-1. Enter the total from Schedule X-1 here.)</i>	
12	Total Expenses <i>(Add all lines above.)</i>	

For Use as a Worksheet Only – Do Not Send to the Department!

***Income Statement
as of 12/31/2016 or Close of Business***

SUMMARY

Line	Description of Summary Item	Whole Dollar Amount
1	Total Revenue <i>(From line 9 of the Revenue page)</i>	
2	Total Expenses <i>(From line 12 of the Expense page)</i>	
3	Net Income Before Taxes <i>(Subtract line 2 from line 1)</i>	
4	Income Taxes	
5	Total Net Income <i>(Subtract line 4 from line 3)</i>	

For Use as a Worksheet Only – Do Not Send to the Department!

STATEMENT OF CAPITAL **for Consumer Lenders** *as of 12/31/2016 or Close of Business*

Use the following pages to collect the financial information that will be entered into the online application as your statement of capital. *When entering data into the online application, please remember these important points:*

- If you submitted your annual report with the State of New Jersey electronically last year, then the online application will automatically fill in the Total Capital at the Beginning of the Year (line 1) from the Total Stockholders' Equity reported last year. Please verify that this amount is correct. If the amount shown is incorrect, or if it is missing, please enter the appropriate amount.
- Round all amounts to the nearest whole US dollar, and do not enter any commas or periods.
- The additions to capital section of the statement contains an "Other Additions" line. If you do not see an appropriate entry for an addition on the screen, clicking the "Other Additions" link will display a new screen that allows you to enter the description and amount for any addition not described on the statement of capital page. The total calculated on the "Other Additions" page will be automatically included on the statement of capital page at the "Other Additions" line. These worksheets are organized in a similar fashion.
- The deductions to capital section of the statement contains an "Other Deductions" line. If you do not see an appropriate entry for a deduction on the screen, clicking the "Other Deductions" link will display a new screen that allows you to enter the description and amount for any deduction not described on the statement of capital page. The total calculated on the "Other Deductions" page will be automatically included on the statement of capital page at the "Other Deductions" line. These worksheets are organized in a similar fashion.
- When entering "Other Additions" or "Other Deductions", you may organize and combine similar items to correspond with your personal accounting needs.
- Your Total Capital at the End of the Year must equal your Total Stockholders' Equity. ***The online application will not allow you to submit your annual report if your statement of capital does not balance!***

For Use as a Worksheet Only – Do Not Send to the Department!

STATEMENT OF CAPITAL
for Consumer Lenders
as of 12/31/2016 or Close of Business

Line		Whole Dollar Amount
1	Total Capital at the Beginning of the Year 2016	
	Additions to Capital	Whole Dollar Amount
2	Total Net Income <i>(From line 5 of the Income Statement Summary Page)</i>	
3	Common Stock Issued	
4	Preferred Stock Issued	
5	Other Additions <i>(Use attached Schedule S-1. Enter the total from Schedule S-1 here.)</i>	
6	Total Additions <i>(Add lines 2 through 5.)</i>	
6a	Subtotal Capital <i>(Add line 1 and line 6.)</i>	
	Deductions to Capital	Whole Dollar Amount
7	Cash Dividends on Stock	
8	Shareholder's Distributions	
9	Proprietor's Withdrawals	
10	Other Deductions <i>(Use attached Schedule S-2. Enter the total from Schedule S-2 here.)</i>	
11	Total Deductions <i>(Add lines 7 through 10.)</i>	
12	Total Capital at the End of the Year <i>(Subtract line 11 from line 6a.)</i>	
13	Total Stockholders' Equity <i>(From line 6 of the Stockholders' Equity page of the Balance Sheet.)</i>	

NOTE: Your Total Capital at the End of the Year (line 12) MUST EQUAL your Total Stockholders' Equity (line 13)

The online application will not allow you to submit your Annual Report if the Total Capital at the End of the Year is out of balance with the Total Stockholders' Equity.

For Use as a Worksheet Only – Do Not Send to the Department!

Warehouse Lines & Lines of Credit Section

Creditor Detail Information *as of 12/31/2016 or Close of Business* (make additional copies, if needed)

Please enter the requested information for all borrowings as of December 31, 2016.

Name of Creditor:					
Address of Creditor:					
	City:		State:		ZIP:
Total Dollar Amount Available:		Total Dollar Amount Borrowed:			
Name of Creditor:					
Address of Creditor:					
	City:		State:		ZIP:
Total Dollar Amount Available:		Total Dollar Amount Borrowed:			
Name of Creditor:					
Address of Creditor:					
	City:		State:		ZIP:
Total Dollar Amount Available:		Total Dollar Amount Borrowed:			
Name of Creditor:					
Address of Creditor:					
	City:		State:		ZIP:
Total Dollar Amount Available:		Total Dollar Amount Borrowed:			
Name of Creditor:					
Address of Creditor:					
	City:		State:		ZIP:
Total Dollar Amount Available:		Total Dollar Amount Borrowed:			

For Use as a Worksheet Only – Do Not Send to the Department!

Warehouse Lines & Lines of Credit Section

Borrowing Summary *as of 12/31/2016 or Close of Business*

Please provide the grand totals from any Creditor Detail Information pages previously completed:

	Whole Dollar Amount
Grand Total Amount Available	
Grand Total Amount Borrowed	

For Use as a Worksheet Only – Do Not Send to the Department!

Lending Activity Section

Consumer Lending Activity Summary *as of 12/31/2016 or Close of Business*

Please provide the following information concerning your consumer lending activities from January 1, 2016 through December 31, 2016, and *for New Jersey consumers only*.

Type of Loan	Total Number	Total Dollar Amount <i>(in whole US dollars)</i>
Consumer Lending Loans – Closed and Funded		
Consumer Lending Loans – Purchased		
Total Consumer Lending Loans Made during 2016 <i>(Add all lines above)</i>		

For Use as a Worksheet Only – Do Not Send to the Department!

Affidavit

This sample affidavit is included for completeness only. The online application will collect all of the necessary information. DO NOT MAIL THIS AFFIDAVIT to the Department, unless you are specifically instructed to do so.

=====

I hereby certify that the information provided in connection with this Annual Report is true to the best of my knowledge and belief:

(Date)

(Signature of Licensee or Responsible Party)

Please enter the following information for the individual preparing this report:

Name of Preparer _____

Title of Preparer _____

Phone of Preparer _____

E-mail of Preparer
(if available) _____

Please enter the following information for the licensee or individual responsible for the licensed entity. If that person no longer holds an active license, please put the mailing address of their current location or the location where they would like their mail sent so future mailings may be successfully sent to them.

Name of Responsible Party _____

Title of Responsible Party _____

Address of Responsible Party _____

Phone of Responsible Party _____

E-mail of Responsible Party _____

Every licensee **must** include their official e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official e-mail address will result in a failure to comply with the annual report filing.

===== *Notarization* =====

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____ in the year _____,
and I hereby certify that I am not an officer or director of this entity.

(Signature of Notary Public)

My commission expires on _____
(Date)