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

State of New Jersey
Department of Banking & Insurance

Annual Report Worksheet for Pawn Brokers

Year Ending December 31, 2015

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

NJ License Reference Number: _____

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.)

NJ License Reference Number: _____

(This is the 7-digit identification number found on your licensing certificate, followed by one of the following type codes: C06, P06, or I06.)

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, 2015 through December 31, 2015 are required to file an annual report. You are required to file an annual report even if you did no business in 2015. Audited financial statements are not required to complete your annual report.

If you were actively licensed on December 31, 2015, your annual report must reflect the total activity of your New Jersey business as of the end of 2015.

If you surrendered your license during 2015, 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 2015.

If you actively held two or more New Jersey licenses during 2015, you must file an annual report for each type of license.

NJ License Reference Number: _____

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

Balance Sheet
as of 12/31/2015 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!***

NJ License Reference Number: _____

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

Balance Sheet
as of 12/31/2015 or Close of Business

ASSETS

Line	Description of Asset	Whole Dollar Amount
1	Cash on Hand and in Banks	
2	Accounts Receivable	
3	Pledges Outstanding	
4	Accrued Interest on Pledges	
5	Prepaid Assets	
6	Prepaid Expenses	
7	Merchandise Inventory	
8	Due from Affiliates	
9	Notes Receivable	
10	Security Deposits	
11	Furniture, Fixtures & Equipment, Net	
12	Deferred Taxes	
13	Goodwill	
14	Other Assets *(Use attached Schedule A-1. Enter the total from Schedule A-1 here.)*	
15	**Total Assets** ***(Add all lines above.)***	

NJ License Reference Number: _____

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

Balance Sheet
as of 12/31/2015 or Close of Business

Schedule A-1 – Other Assets
(make additional copies, if needed)

Description of Other Assets	Whole Dollar Amount
Total Other Assets *(Add all lines above and also enter this total on line 14 of the Assets page of the Balance Sheet.)*	

NJ License Reference Number: _____

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

Balance Sheet
as of 12/31/2015 or Close of Business

LIABILITIES

Line	Description of Liability	Whole Dollar Amount
1	Customer Deposits	
2	Accounts Payable	
3	Accrued Expenses	
4	Due to Affiliates	
5	Due to Related Parties	
6	Loans Payable	
7	Loan from Shareholders	
8	Taxes Payable	
9	Other Liabilities *(Use attached Schedule L-1. Enter the total from Schedule L-1 here.)*	
10	**Total Liabilities** ***(Add all lines above.)***	

NJ License Reference Number: _____

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

Balance Sheet
as of 12/31/2015 or Close of Business

Schedule L-1 – Other Liabilities
(make additional copies, if needed)

Description of Other Liabilities	Whole Dollar Amount
Total Other Liabilities *(Add all lines above and also enter this total on line 9 of the Liabilities page of the Balance Sheet.)*	

NJ License Reference Number: _____

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

Balance Sheet
as of 12/31/2015 or Close of Business

STOCKHOLDERS' EQUITY

Line	Description of Stockholders' Equity	Whole Dollar Amount
1	Capital Stock	
2	Paid-in Capital	
3	Retained Earnings	
4	Other Stockholders' Equity	
5	**Total Stockholders' Equity** *(Add all lines above.)*	
6	**Total Liabilities** *(From line 10 of the Liabilities page of the Balance Sheet.)*	
7	**Total Liabilities and Stockholders' Equity** *(Add line 5 and line 6.)*	
8	**Total Assets** *(From line 15 of the Assets page of the Balance Sheet.)*	

NOTE: Your Total Assets (line 8) MUST EQUAL your Total Liabilities plus your Total Stockholders' Equity (line 7).

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

NJ License Reference Number: _____

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

Income Statement
as of 12/31/2015 or Close of Business

REVENUE

Line	Description of Revenue	Whole Dollar Amount
1	Interest on Pledges	
2	Allowable Service Charges	
3	Interest Income	
4	Profit on Merchandise	
5	Check Cashing Fees	
6	Bill Payments	
7	Forfeited Deposits	
8	Other Revenue *(Use attached Schedule R-1. Enter the total from Schedule R-1 here.)*	
9	**Total Revenue** ***(Add all lines above.)***	

NJ License Reference Number: _____

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

Income Statement
as of 12/31/2015 or Close of Business

Schedule R-1 – Other Revenue
(make additional copies, if needed)

Description of Other Revenue	Whole Dollar Amount
Total Other Revenue *(Add all lines above and also enter this total on line 8 of the Revenue page.)*	

NJ License Reference Number: _____

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

Income Statement
as of 12/31/2015 or Close of Business

EXPENSES

Line	Description of Expenses	Whole Dollar Amount
1	Salaries & Benefits	
2	Lease Expense	
3	Rent and Utilities	
4	Store Expenses	
5	Bank Charges	
6	Interest on Borrowings	
7	Security	
8	Office Expense	
9	Advertising & Promotion	
10	Professional Fees	
11	Repairs & Maintenance	
12	Insurance	
13	Licenses & Fees	
14	Supplies	
15	Auto	
16	Telephone	
17	Depreciation/Amortization	
18	Other Expenses *(Use attached Schedule X-1. Enter the total from Schedule X-1 here.)*	
19	**Total Expenses** ***(Add all lines above.)***	

NJ License Reference Number: _____

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

Income Statement
as of 12/31/2015 or Close of Business

Schedule X-1 – Other Expenses
(make additional copies, if needed)

Description of Other Expenses	Whole Dollar Amount
Total Other Expenses *(Add all lines above and also enter this total on line 18 of the Expenses page.)*	

NJ License Reference Number: _____

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

Income Statement
as of 12/31/2015 or Close of Business

SUMMARY

Line	Description of Summary Item	Whole Dollar Amount
1	Total Revenue *(From line 9 of the Revenue page)*	
2	Total Expenses *(From line 19 of the Expenses page)*	
3	Net Income Before Taxes *(Subtract line 2 from line 1)*	
4	Income Taxes	
5	**Total Net Income** ***(Subtract line 4 from line 3)***	

NJ License Reference Number: _____

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

Pawn Broker Section

Analysis of Pledge Activity
from 1/1/2015 to 12/31/2015

The online application will ask that you provide the following information concerning your pawn broker activities from the period January 1, 2015 thru December 31, 2015 and ***for your New Jersey-based business activity only***.

Line	Description	Total Number	Total Dollar Amount *(in whole US dollars)*
1	Pledges Outstanding *(carried over from the prior year)*		
2	New Pledges Transacted *(during the year)*		
3	Pledges Renewed *(during the year)*		
4	**Total Pledge Activity** *(Add line 1, line 2 and line 3.)*		
5	Pledges Redeemed *(during the year)*		
6	Pledges Sold at Auction *(during the year)*		
7	Pledges Outstanding *(remaining at the end of this year)*		
8	**Total Pledge Activity** *(Add line 5, line 6 and line 7.)*		

NOTE: The total number and dollar amount on line 4 MUST EQUAL the totals on line 8.

Conditional Sales Activity
from 1/1/2015 to 12/31/2015

Description	Total Number	Total Dollar Amount *(in whole US dollars)*
Conditional Sales during 2015		

NJ License Reference Number: _____

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

Range of Interest Rates Charged
from 1/1/2015 to 12/31/2015

The online application will ask you to provide the highest and lowest ***monthly*** interest rates that your company charged from the period January 1, 2015 thru December 31, 2015 and ***for your New Jersey-based business activity only***. You may round the interest rates to two decimals. Do not enter the overall annual rate.

Lowest Monthly Interest Rate Charged during the year	**%**
Highest Monthly Interest Rate Charged during the year	**%**

NJ License Reference Number: _____

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

Surety Bond Policies

Surety Bond Requirement

The surety bond requirement for your business is based on the number of locations (principal and branch) that were actively doing business as of December 31, 2015. There will always be one principal office. The online application will attempt to calculate the number of certified branch locations that were still active as of December 31, 2015. If this calculated number is not correct, you will be able to correct it.

1	Number of Branch Locations still active as of 12/31/2015 *(Do not include the Principal Location.)*	

The online application will ask for detailed information concerning each surety bond in effect as of December 31, 2015. The following page of this worksheet is provided to assist you in compiling that information.

Once the detailed surety bond information has been entered, the online application will automatically perform the necessary calculations to verify that the requirement has been satisfied. The following chart is provided so you can compare your results with ours.

2	Total Amount of Coverage as of December 31, 2015 *(Add all amounts of coverage reported on any Surety Bond Policy Detail pages.)*	
3	Surety Bond Requirement for the Principal Location	**$ 1,000**
4	Surety Bond Requirement for all Branch Locations still active as of 12/31/2015 *(Multiply line 1 by $1,000.)*	
5	Required Surety Bond Coverage *(Add line 3 and line 4.)*	

The Total Amount of Coverage (line 2) must be sufficient to meet your Surety Bond Requirement (line 5).

NOTE: If your current coverage is deficient, provide original documentation to the Department evidencing that the required coverage has been obtained. Please send this information to the address at the bottom of the cover page.

NJ License Reference Number: _____

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

Surety Bond Policies

Surety Bond Policy Detail Information

(make additional copies, if needed)

Please enter the Surety Company information for each policy in force as of December 31, 2015, or, if you are no longer actively licensed, at Close of Business.

Name of Provider:					
Business Address:					
	City:		**State:**		**ZIP:**
Policy Number:		**Amount of Coverage:**			
Effective Date:		**Paid Thru or Expire Date:**		☐ **No Expiration Date**	

Name of Provider:					
Business Address:					
	City:		**State:**		**ZIP:**
Policy Number:		**Amount of Coverage:**			
Effective Date:		**Paid Thru or Expire Date:**		☐ **No Expiration Date**	

Name of Provider:					
Business Address:					
	City:		**State:**		**ZIP:**
Policy Number:		**Amount of Coverage:**			
Effective Date:		**Paid Thru or Expire Date:**		☐ **No Expiration Date**	

Name of Provider:					
Business Address:					
	City:		**State:**		**ZIP:**
Policy Number:		**Amount of Coverage:**			
Effective Date:		**Paid Thru or Expire Date:**		☐ **No Expiration Date**	

NJ License Reference Number: _____

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

Contact Information

Please provide your Compliance Officer Contact information:

Contact Name _____

Contact Address _____

Phone Number _____

E-mail Address
(if available) _____

NJ License Reference Number: _____

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)