

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
CURRENCY EXCHANGE SECTION  
122 SOUTH MICHIGAN AVENUE, SUITE 1900  
CHICAGO, ILLINOIS 60603

**CURRENCY EXCHANGE ANNUAL REPORT**

**DO NOT ALTER OR REMOVE LABEL**

**FEIN NUMBER:** \_\_\_\_\_  
(Federal Employers Identification #)

**LABEL MUST GO HERE**

If your name and address are not exactly the same as stated on the label, please supply the correct information below.

**THIS REPORT MUST BE TYPED. INCOMPLETE FORMS WILL BE SUBJECT TO PENALTY FOR LATENESS OF SUBMISSION. CURRENCY EXCHANGE IS TO RETAIN COPY OF THIS REPORT FOR ITS OFFICE FILES.**

**DO NOT CHANGE THE HEADING OF ANY NUMBERED LINE ITEMS ON PAGES 3 AND 4.**

This Report is for the 12-Month Period  
Beginning January 1, 20\_\_ and ending December 31, 20\_\_

Corrected Name \_\_\_\_\_

Corrected Street Address \_\_\_\_\_

Corrected City / State / Zip Code \_\_\_\_\_

Telephone Number of Currency Exchange \_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Area Code) (County)

License No. \_\_\_\_\_

Type of Business (Check One)

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

**Name, Home Address, Home Phone and Social Security Number of All Owners, Officers and/or Directors:**

A. \_\_\_\_\_  
(Name) (Title) (Social Security No.) (# or % of Shares)

\_\_\_\_\_  
(Home Address) (City) (State) (Zip Code) (Home Telephone #)

B. \_\_\_\_\_  
(Name) (Title) (Social Security No.) (# or % of Shares)

\_\_\_\_\_  
(Home Address) (City) (State) (Zip Code) (Home Telephone #)

C \_\_\_\_\_  
(Name) (Title) (Social Security No.) (# or % of Shares)

\_\_\_\_\_  
(Home Address) (City) (State) (Zip Code) (Home Telephone #)

D. \_\_\_\_\_  
(Name) (Title) (Social Security No.) (# or % of Shares)  
\_\_\_\_\_  
(Home Address) (City) (State) (Zip Code) (Home Telephone #)

E. \_\_\_\_\_  
(Name) (Title) (Social Security No.) (# or % of Shares)  
\_\_\_\_\_  
(Home Address) (City) (State) (Zip Code) (Home Telephone #)

**IF THERE ARE ADDITIONAL NAMES, PLEASE USE A SEPARATE SHEET TO CONTINUE LISTING. ALL INDIVIDUALS AFFILIATED WITH THE CURRENCY EXCHANGE MUST BE LISTED.**

**IMPORTANT NOTICE**

**THIS STATE AGENCY IS REQUIRING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER 205 ILCS 405/16. THIS COMPLETED REPORT IS DUE IN OUR OFFICE NO LATER THAN MARCH 1, 20\_\_.**

CURRENCY EXCHANGE ANNUAL REPORT

FOR THE PERIOD JANUARY 1, 20\_\_ THROUGH DECEMBER 31, 20\_\_

Bank Accounts:

Name of Bank

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Street/City/Zip Code

---

Type of Account and Number

---

Accountant

(Firm Name)

---

Street/City/Zip Code

---

Telephone Number

---

(Area Code)

Blanket Bond Holder  
and Agency

---

Street/City/Zip Code

---

Office Phone Number

---

(Area Code)

Surety Bond Holder  
and Agency

---

Street/City/Zip Code

---

Office Phone Number

---

(Area Code)

**OTHER AUTHORIZED SERVICES PROVIDED**

Accident Reports		C.T.A. Passes		Payday Loan Disbursements	
Affidavit Form		Fax Copy Service		Phone Cards	
American Express Cash Advance		Firearms I.D. Application		Photo Copy	
American Express Moneygram		Foreign Currency Exchange		Photo Finishing	
ATMs		Gateway Foundation Checks		Plastic Lamination	
Bail Bond Cards		Hunting & Fishing License		Public Telephone	
Bill Payment - Agent (Attach Listing)		Income Tax Electronic Filing		Refund Anticipation Loans	
Bill Payment - Non-Agent(Attach Listing)		Income Tax Preparation		RIA Wire Transfer	
Birth, Death & Marriage Certificate		Insurance Payments		Secure Check	
Cable TV Payments		Lakeside Bank Cash Advance		Stamps, Envelopes Cards	
C.H.A. Rent Collection		License Frames & Bolts		State License & Title	
City Sticker		Mail Boxes		Western Union Cash Advance	
Continental Currency Transfer		Metal S.S. Cards		Western Union Money Transfer	
Corus Bank Zap Cash		Notary Public		Other (List Services)	

*(Place appropriate "X"s in boxes above table then click in X's in web form based upon entries)*

**STATE OF ILLINOIS**

COUNTY OF \_\_\_\_\_

**I/We, the undersigned Owners/Shareholders/Partners/Non-Owners:  
Officers/Directors**

License # \_\_\_\_\_

\_\_\_\_\_  
(Name of Currency Exchange or Corporation)

for which this report is made, being duly sworn, acknowledges that this report, including the accompanying schedules and statements, has been prepared by \_\_\_\_\_, and to the best of my knowledge is true and correct, and is being filed pursuant to the Currency Exchange Act of the State of Illinois.

Subscribed and sworn before me

\_\_\_\_\_  
(Signature of Owner, Partner, President)

this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature of Secretary)

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

**Notary Seal**

FOR THE PERIOD JANUARY 1, 20\_\_ THROUGH DECEMBER 31, 20\_\_

**TRANSACTION DATA**

All information must be for the same period as reported in other areas of this report.

1. Total number of checks cashed \_\_\_\_\_
2. Total dollar amount of checks cashed \_\_\_\_\_
3. Total number of money orders issued \_\_\_\_\_
4. Total dollar amount of money orders issued \_\_\_\_\_

**BALANCE SHEET**

**ASSETS:**

1. Cash on Hand \_\_\_\_\_
2. Cash in Bank \_\_\_\_\_
3. Other Cash \_\_\_\_\_
4. Securities \_\_\_\_\_
5. Security Deposit \_\_\_\_\_
6. Returned Checks from Bank Receivable \_\_\_\_\_
7. Advances Due from Officers/Employees \_\_\_\_\_
8. Life Insurance on Officers/Stockholders \_\_\_\_\_
9. Prepaid Expenses \_\_\_\_\_
10. **TOTAL CURRENT ASSETS** *(Line 1-9)* \_\_\_\_\_
11. Furniture, Fixtures & Equipment \_\_\_\_\_
12. Less: Accumulated Depreciation \_\_\_\_\_
13. Buildings \_\_\_\_\_
14. Less: Accumulated Depreciation \_\_\_\_\_
15. Land \_\_\_\_\_
16. Leasehold Improvements \_\_\_\_\_
17. Less: Accumulated Depreciation \_\_\_\_\_
18. Automobile \_\_\_\_\_
19. Less: Accumulated Depreciation \_\_\_\_\_
20. **TOTAL FIXED ASSETS** *(Lines 11-19)* \_\_\_\_\_
21. Other Assets \_\_\_\_\_
22. Goodwill \_\_\_\_\_
23. **TOTAL INTANGIBLE & OTHER ASSETS** *(Lines 21-22)* \_\_\_\_\_
24. **TOTAL ASSETS** *(Lines 10, 20 & 23)* \_\_\_\_\_

**LIABILITIES:**

25. Outstanding Money Orders \_\_\_\_\_
26. Accounts Payable \_\_\_\_\_
27. Accrued Payroll Costs \_\_\_\_\_
28. Notes Payable (12 months or less):
  - A. Banks \_\_\_\_\_
  - B. Current Portion of Long Term Loans and Notes, Payable this Year \_\_\_\_\_
  - C. Officers, Shareholders \_\_\_\_\_
29. Notes Payable (Long Term: More than 12 months):
  - A. Banks \_\_\_\_\_
  - B. Non-Banks: \_\_\_\_\_
  - C. Officers, Shareholders, etc. \_\_\_\_\_
30. Deferred Taxes \_\_\_\_\_
31. Other Liabilities \_\_\_\_\_
32. **TOTAL LIABILITIES** *(Lines 25-31)* \_\_\_\_\_

**NET WORTH** (Capital & Surplus):

33. Capital (if a corporation \_\_\_\_\_ number of shares issued and outstanding) \_\_\_\_\_
34. Paid-in Surplus \_\_\_\_\_
35. Capital Additions (Withdrawals) \_\_\_\_\_
36. Retained Earnings:
- Balance 12-31-\_\_ (*previous year*) \_\_\_\_\_
  - Add Net Income (*Loss*) for Period (*Line 44*) \_\_\_\_\_
- \*\*Deduct Distributions**
- Balance 12-31-\_\_ \_\_\_\_\_
- \*Must agree with Annual Report 12-31-\_\_ (*previous year*)
- \*\*Must be a reduction of Retained Earnings
37. **TOTAL NET WORTH** (*Lines 33-36*) \_\_\_\_\_
38. **TOTAL NET WORTH & LIABILITIES** (*Lines 32 & 37*) \_\_\_\_\_  
(*Lines 38 and 24 must be equal*)

**Adjustment:**

**Explanation:**

*(Fill in Text Box in web application)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Preparer)

FOR THE PERIOD JANUARY 1, 20\_\_ THROUGH DECEMBER 31, 20\_\_

**INCOME STATEMENT**

REVENUE:

- 1. Check Cashing Fees \_\_\_\_\_
- 2. Money Order Fees \_\_\_\_\_
- 3. License Plate & City Sticker Fees \_\_\_\_\_
- 4. Utilities Fees \_\_\_\_\_
- 5. Other Revenue **(Attach Explanation)** \_\_\_\_\_
- 6. TOTAL REVENUE *(Lines 1-5)* \_\_\_\_\_

EXPENSES:

- 7. Employee Payroll \_\_\_\_\_
- 8. Employee Benefits \_\_\_\_\_
- 9. Payroll Taxes \_\_\_\_\_
- 10. Bank Charges - Money Orders \_\_\_\_\_
- 11. Bank Charges - Checks & Other Services \_\_\_\_\_
- 12. Armored Car Expense \_\_\_\_\_
- 13. Telephone & Telegram Expense \_\_\_\_\_
- 14. Collection & Bad Debt Expense \_\_\_\_\_
- 15. Rent Expense \_\_\_\_\_
- 16. Equipment Expense Including Leasing Cost \_\_\_\_\_
- 17. Depreciation Expense (Equipment) \_\_\_\_\_
- 18. Maintenance Expense \_\_\_\_\_
- 19. Depreciation (Auto) \_\_\_\_\_
- 20. Amortization (Leasehold Improvements) \_\_\_\_\_
- 21. Depreciation ( Buildings) \_\_\_\_\_
- 22. Postage Expense \_\_\_\_\_
- 23. Supplies \_\_\_\_\_
- 24. Security & Alarm Expense \_\_\_\_\_
- 25. Utilities Expense \_\_\_\_\_
- 26. Auto Expense \_\_\_\_\_
- 27. Cash Difference \_\_\_\_\_
- 28. Blanket Bond Expense \_\_\_\_\_
- 29. Surety Bond Expense \_\_\_\_\_
- 30. Other Insurance Expense \_\_\_\_\_
- 31. Income Taxes (Federal, State) \_\_\_\_\_
- 32. Other Taxes \_\_\_\_\_
- 33. Legal & Accounting Fees \_\_\_\_\_
- 34. Association Dues \_\_\_\_\_

- 35. State License \_\_\_\_\_
- 36. Interest Expense \_\_\_\_\_
- 37. Advertising \_\_\_\_\_
- 38. Contributions \_\_\_\_\_
- 39. License Service Expense \_\_\_\_\_
- 40. Miscellaneous Expense **(Attach Explanation)** \_\_\_\_\_
- 41. Officer(s) / Owner(s) Salaries \_\_\_\_\_
- 42. Management Fee for Working Officer(s) / Owner(s) \_\_\_\_\_
- 43. **TOTAL EXPENSES** \_\_\_\_\_
- 44. **NET INCOME (LOSS)** *(Line 6 minus Line 43)* \_\_\_\_\_

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(Signature of Preparer)

**ANALYSIS OF MINIMUM CASH REQUIREMENT  
FOR THE PERIOD JANUARY 1, 20\_\_ THROUGH DECEMBER 31, 20\_\_**

Month	Cash on Hand At End of Month		Cash in Bank At End of Month		Other Cash Items At End of Month		Total Cash At End of Month		Money Orders Unpaid At End of Month		Other Current Liabilities		Cash Position
	(a)		(b)		(c)		(d)		(e)		(f)		(g)
January		+		+		=		-		-		=	
February		+		+		=		-		-		=	
March		+		+		=		-		-		=	
April		+		+		=		-		-		=	
May		+		+		=		-		-		=	
June		+		+		=		-		-		=	
July		+		+		=		-		-		=	
August		+		+		=		-		-		=	
September		+		+		=		-		-		=	
October		+		+		=		-		-		=	
November		+		+		=		-		-		=	
December		+		+		=		-		-		=	
<b>TOTALS</b>		+		+		=		-		-		=	

Compute the monthly average for the "MONEY ORDERS UNPAID AT END OF MONTH". Surety bond must be equal to or greater than the average \$ \_\_\_\_\_. NOTE: Any amounts shown in Column (c) for the months of January through December must be detailed and explained. Column (f), Other Current Liabilities, is to include Accrued Payroll Costs and Accounts Payable.

\_\_\_\_\_  
(Signature of Preparer)