

Money Transmitter Financial Statement (Individual)

Nebraska Department of Banking and Finance

<http://www.ndbf.ne.gov>

1526 K Street, Suite 300
PO Box 95006
Lincoln, NE 68509-5006
402-471-2171

Name: _____ Daytime Telephone: _____

Address: _____

This Financial Report and the information herein is a correct and complete statement of the financial condition of the above named individual as of _____, 20 _____. This information is submitted to the Nebraska Department of Banking and Finance for its confidential use in connection with the Money Transmitter Application of:

NOTE: An answer to each item is required. If the answer is "No", "None", or "Not applicable" so state. If an item of information called for is unknown, so state. If space provided on this form is not adequate, attach a separate schedule. All such schedules should be signed and dated.

ASSETS			LIABILITIES		
1)	Cash on hand and in banks	\$	9)	Accounts payable	\$
2)	Notes, loans, & other accounts receivable considered good & collectable	\$	10)	Notes payable to banks - from Schedule D	\$
3)	Merchandise & inventory at lower of cost or market value	\$	11)	Notes payable to others - from Schedule E	\$
4)	Real estate - from Schedule A	\$	12)	Real estate mortgages - from Schedule F	\$
5)	Machinery & equipment - at cost less depreciation	\$	13)	Interest and taxes due and unpaid - from Schedule G	\$
6)	Marketable securities - from Schedule B	\$	14)	Other debts and liabilities - from Schedule H	\$
7)	Life insurance (face amount \$ _____) cash surrender value	\$		TOTAL LIABILITIES	\$
8)	Other assets - from Schedule C	\$	15)	NET WORTH	\$
	TOTAL ASSETS			TOTAL LIABILITIES and NET WORTH	\$
NOTE: Estimated value of notes, accounts receivable, mortgages, and other assets considered doubtful and not included in above financial statement:			\$		

CONTINGENT LIABILITIES (If none, so state)						
In addition to the debts and liabilities listed above, have you endorsed, guaranteed, or become otherwise indirectly or contingently liable for the debts of others? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "yes", give details in the following schedule.						
Name and Address of Debtor or Obligor	Name and Address of Creditor or Oblige	Description of Collateral	Value of Collateral	Date Obligation Incurred	Due	Current Amount
			\$			\$
			\$			\$
			\$			\$
			\$			\$
TOTAL						\$

For use by the Department of Banking and Finance only:
Reviewed by: _____
Date: _____

STATEMENT OF INCOME	Previous Year _____	Previous Year _____	Previous Year _____	If more than six months CURRENT YEAR
Salaries, wages, and commissions from employment	\$	\$	\$	\$
Income from dividends and investments				
Net income from rents, royalties and investments				
Other income				
TOTAL INCOME	\$	\$	\$	\$
Expenses				
NET INCOME	\$	\$	\$	\$

Supporting Schedules

Schedules set forth below must agree in total with the appropriate item contained in the Financial Statement on Pages 1 and 2 of this report. **Note:** *Please attach a current balance sheet and statement of income relative to any investment, the value of which is not readily ascertainable such as closely held corporations, partnerships interests, etc. when the investment exceeds 10% of total assets.*

Schedule A - Real Estate Owned					
Description & Location	Title in Whose Name	Date Acquired	Cost	Insurance	Current Value
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Carried forward to Item 4, Page 1				TOTAL	\$

Schedule B - Marketable Securities				
Description	Amount	Description	Amount	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
Carried forward to Item 6, Page 1			TOTAL	\$

Schedule C - Other Assets	
Description & Basis for Valuation	Value
	\$
	\$
	\$
	\$
	\$
Carried forward to Item 8, Page 1 TOTAL	\$

Schedule D - Notes Payable to Banks			
Name of Creditor	Security	Date Due	Amount
			\$
			\$
			\$
			\$
			\$
Carried forward to Item 10, Page 1	TOTAL		\$

Schedule E - Notes Payable to Others			
Name of Creditor	Security	Date Due	Amount
			\$
			\$
			\$
			\$
			\$
Carried forward to Item 11, Page 1	TOTAL		\$

Schedule F - Real Estate Mortgage Payable			
Name of Creditor	Location of Property	Date Due	Amount
			\$
			\$
			\$
			\$
			\$
Carried forward to Item 12, Page 1	TOTAL		\$

Schedule G - Interest & Taxes Due & Unpaid			
Description	Payable To	Date Due	Amount
			\$
			\$
			\$
			\$
			\$
Carried forward to Item 13, Page 1	TOTAL		\$

Schedule H - Other Debts & Liabilities		
Description Security	Date Due	Amount
		\$
		\$
		\$
		\$
		\$
Carried forward to Item 14, Page 1	TOTAL	\$

I represent that the information contained herein is true and complete to the best of my knowledge and belief.

_____ Date

_____ Signature

_____ Typed Name and Title