



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 ● Olympia, Washington 98504-1200
Telephone (360) 902-8703 ● TDD (360) 664-8126 ● FAX (360) 664-2258 ● <http://www.dfi.wa.gov/cs>

CHECK CASHER/CHECK SELLER OFFICE CLOSURE FORM

PLEASE CHECK APPLICABLE BOX: MAIN OFFICE BRANCH OFFICE

EFFECTIVE DATE OF CLOSURE: _____

LICENSE NUMBER: _____

COMPANY NAME: _____

TRADE NAME (dba): _____

PHYSICAL ADDRESS: _____

Of location closing

City County State Zip

CUSTODIAN OF RECORDS: _____

In accordance with RCW 31.45.060 (2)

Last Name

First

Middle

MAILING ADDRESS: _____

City County State Zip

Phone Fax e-mail address

LOCATION OF RECORDS: _____

Physical Address

City County State Zip

INSTRUCTIONS FOR CLOSURE OF AN OFFICE:

1. Books and records must be accessible to DFI (in Washington state, unless special permission has been granted to maintain records outside the state of Washington) in compliance with RCW 31.45.060(2). DFI must receive written notice regarding changes to the location of records or custodian of records.
2. Surrender the original Check Casher/Check Seller (Small Endorsement) license(s) issued to this company.
3. Check Sellers Only: By 105 days following surrender, you must provide DFI with an audited financial statement ending with the surrender date per WAC 208-630-880. Contact the Department of Revenue, Unclaimed Property, for instructions about any unclaimed trust account funds.
4. Complete the Annual Assessment Worksheet (reverse) and enclose your check payable to the "Washington State Treasurer."
[Note: this requirement does not apply to branch-office-only closures]



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ANNUAL ASSESSMENT WORKSHEET FOR
CHECK CASHERS, SELLERS, AND SMALL LOAN ENDORSEMENTS

1. This report must be filed even if company did NO business in Washington State since the last report.
2. This report & the remittance are due in our office immediately upon closure/license surrender.
3. The Reporting Period starts at the beginning of the most recent calendar year and ends on the closure/surrender date (For example, if you previously submitted a 2006 annual assessment report, but decided to surrender the license sometime during 2007, this closure annual assessment will cover activities from January 1, 2007, through the effective date of closure in 2007).
4. Attach Financial Statements prepared according to Generally Accepted Accounting Principles (GAAP).
 - a. Provide at least a Balance Sheet and Income Statement
 - b. Financial statements should be prepared as of closure/surrender date
 - c. If licensed as Check Seller, Financial Statements must be audited

Authorities: RCW 31.45.050, RCW 31.45.090, WAC 208-630-880 (sellers), WAC 208-630-400, and WAC 208-630-890

Name of company as licensed in Washington: _____

Licensed as (enter number of licensed locations for each type):

_____ Check Casher License(s) _____ Check Seller License(s) _____ Small Loan Endorsement(s)

Effective Date of Closure/Surrender Date: _____

ANSWER EVERY QUESTION OR WRITE IN "NONE"

TABLE 1: REPORT ACTIVITIES		Column A	Column B	Column C	Column D Company
Analysis of Business conducted under the WA Check Casher and Sellers Act during the reporting period		Check Cashing	Check Selling*	Small Loans	WA Totals
1a	Total number of WA transactions	#	#	#	
1b	Total dollar volume of WA transactions	\$	\$	\$	
1c	Number of locations licensed for each activity (check cashing, check selling, payday loans)	#	#	#	#
2	Total dollar amount of fees collected on WA transactions	\$		\$	\$
3a	Number of charge-offs (losses), for the period on WA transactions	#			#
3b	Dollar amount of charge-offs (losses), for the period in WA	\$			\$

* Complete this section even if you are selling checks as an "Agent" for _____

Name of Check Selling Company

TABLE 2: CALCULATE ASSESSMENT FEES Analysis of Dollar Volume of Business Conducted Under The Check Casher/Sellers Act & Small Loan Endorsement for WA during the reporting period		# Licensed Locations	Dollar Volume
1	Total dollar volume of checks cashed in WA <i>(Get total from Table 1, Line 1b, Column A)</i>		\$
2	If line 1 above is greater than \$1 million, enter the total number of company's locations holding Washington Check Casher licenses	#	
3	Total dollar volume of checks sold in WA <i>(Get total from Table 1, Line 1b, Column B, except enter zero if checks are sold as an agent of another company)</i>		\$
4	If line 3 above is greater than \$1 million, enter the total number of company's locations holding Washington Check Seller licenses	#	
5	Total dollar volume of small loans made in WA <i>(Get total from Table 1, Line 1b, Column C)</i>		\$
6	If line 5 above is greater than \$1 million, enter the total number of company's locations holding Washington Small Loan endorsements	#	
7	Add lines 2, 4, and 6. Enter the total here	#	
8	<i>Multiply line 7 by \$513.95 and enter the total here, pay this amount</i> <i>Checks should be made payable to the "Washington State Treasurer"</i> <i>(You must submit this document by due date, even if total is zero)</i>		\$

This report and your remittance (line 8) are due in our office no later than 105 days after effective date of closure/surrender. DFI will assign the received date as the effective date of closure if management does not include a specific effective date in this closure report. Late penalties may be assessed per WAC 208-630-410.

Prepared By: _____ **Phone Number:** _____

AFFIDAVIT

_____ } ss:

I, _____, the undersigned, being the {President, Manager, Treasurer} of the _____, swear (or affirm) that to the best of my knowledge and belief the statements contained in this report, including the accompanying schedules and statements (if any), are true and that the same is a true and complete statement in accordance with the law.

(Signature of officer authorized to sign report)

Place for official seal to be affixed by officer before who acknowledged. Notary must not be an officer or director of the corporation

Sworn to and Subscribed before me this _____ day of _____ 20____, and I hereby certify that I am not an officer or director of this corporation.

My Commission expires _____, Notary Public.