



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF BANKS
1000 Washington Street, 10th Floor, Boston, Massachusetts 02118

**Check Casher Annual Report
Calendar Year Ending on December 31, 2016**

All check cashers are required to file an Annual Report to the Commissioner of Banks, pursuant to Massachusetts General Laws chapter 169A, section 11 and the Division of Banks' (Division) implementing regulation 209 CMR 45.12.

Check Casher licensees are required to complete this annual report form for the preceding calendar year. **Annual reports for the calendar year ending on December 31, 2016 must be provided to the Commissioner of Banks on or before March 31, 2017.**

All licensees must complete Questions 1-5 of this report, as well as Schedule A.

If your company conducts check cashing business from more than one location in Massachusetts, you must also complete a Schedule B for each separate location.

The annual report must be typewritten or completed legibly in ink. Any item which is not applicable to your company should be properly noted and reasons provided. Where insufficient space is provided to set forth the facts adequately, please attach an addendum to the report giving the details. Please round off all monetary figures to the nearest dollar. You are required to make copies of Schedules A and B as needed. Please be advised that incomplete annual reports will not be accepted by the Division.

This form can be downloaded from the Division's website at www.mass.gov/dob, by clicking on 'Forms and Applications' under 'Industry Services' and following the links.

The 2016 Check Casher Annual Report to the Commissioner of Banks must be emailed on or before March 31, 2017 to: DOB.CCAnnualReport@state.ma.us

Please retain a copy of your company's completed annual report for your records. If you have any questions regarding this report, please contact Chief Director Elizabeth Benotti at (617) 956-1500, extension 61541.

****IMPORTANT****

The Division has adopted the NMLS MSB Call Report, which will become active at the close of Q1 2017. Additional communication will follow.

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LICENSEE NAME: _____

1) Does your company provide financial services to customers, other than check cashing services, including but not limited to money transfers, sale of money orders, ATMs, loans, or prepaid access products? _____

If you answered yes, please identify the services provided below.

2) List all financial institutions your company maintains relationships with to offer the financial services you identified in Question #1.

3) Identify the individual or business that conducts your company's Independent Compliance Review, and the date on which the most recent review was completed.

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LICENSEE NAME: _____

4) Provide the number of checks cashed, dollar amount of checks cashed, dollar amount of fees collected from check cashing services, and the number of CTRs and SARs filed by your company for its Massachusetts operations only during the 2016 calendar year.

Month	# of Checks Cashed	\$ of Checks Cashed	\$ of Fees Collected	# of CTRs Filed	# of SARs Filed
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
2016 TOTAL *					

If your company maintains more than one check casher license in Massachusetts, you are required to complete a separate SCHEDULE B for each licensed location in Massachusetts where your company conducted business from during 2016.

* The totals in this row must aggregate the totals listed in all Schedule B's completed by your company.

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LICENSEE NAME: _____

This report must be signed by an authorized officer, director or member of the licensee.

I, the undersigned, attest to the correctness of this report and declare that it has been examined by me and to the best of my knowledge and belief has been prepared in conformance with the instructions issued and is true and correct.

Signature of authorized individual

Name and title

_____/_____/_____
Date signed

Authorized individual's phone number

Authorized individual's E-mail address

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Schedule A

LICENSEE NAME: _____

In accordance with regulation 209 CMR 45.06(2), please complete the schedule below of all fees and charges which your company assesses for the cashing of checks, drafts, or money orders.

If your company's information varies by location, you must reproduce as many copies of Schedule A as necessary.

This schedule is used at each location licensed in Massachusetts

This schedule is used at the following location(s): _____

Check	Percent Charged For Checks of \$ _____ to \$ _____	Percent Charged For Checks of \$ _____ to \$ _____	Percent Charged For Checks of \$ _____ to \$ _____
Payroll	_____ %	_____ %	_____ %
Insurance	_____ %	_____ %	_____ %
Government	_____ %	_____ %	_____ %
Lottery	_____ %	_____ %	_____ %
Personal	_____ %	_____ %	_____ %
Drafts	_____ %	_____ %	_____ %
Money Orders	_____ %	_____ %	_____ %
Other (Specify)			
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %
_____	_____ %	_____ %	_____ %

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Schedule B

LICENSEE NAME: _____

If your company maintains more than one check casher location in Massachusetts, you are required to complete a separate SCHEDULE B for each licensed location in Massachusetts where your company conducted business during 2016. You must reproduce as many copies of Schedule B as necessary.

If your company has only one licensed check casher location, you do not need to complete this schedule.

LOCATION NAME: _____

LOCATION ADDRESS: _____

LICENSE NUMBER: _____

Month	# of Checks Cashed	\$ of Checks Cashed	\$ of Fees Collected	# of CTRs Filed	# of SARs Filed
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
2016 TOTAL					