



State of New Hampshire

Banking Department

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MONEY TRANSMITTER FORM 399-G-AR

2017 NH ANNUAL REPORT

GENERAL INSTRUCTIONS

1. Information provided in this form is aggregated with similar license types and an analysis is published by the New Hampshire Bank Commissioner in his Annual Report to the Governor and Executive Council. The accuracy of the information is also important because it will be used by the New Hampshire Banking Department ("the department") if assessment calculations are needed.
2. A Money Transmitter who surrenders its license during the 2017 calendar year must file this annual report form, along with a NH License Surrender/Expiration Form, within 15 days from the date the company ceases business in New Hampshire.
3. All Money Transmitters continuing to be licensed in accordance with NH RSA 399-G or whose license expired on December 31, 2017 and who were licensed during any period of time during the preceding calendar year must complete and file this report with the department on or before March 31st of the ensuing year.
4. All items on the form must be completed; do not leave any blanks. Reports with blanks are incomplete and will be deemed as "not filed" for purposes of any penalty. If an item is not applicable to business conducted by the licensee, enter "N/A", "none", "O", or "zero".
5. **SAVE YOUR CALCULATIONS.** Work papers used to calculate and compile the information required by this form must be retained and made available when the licensee is examined by the department. It is not sufficient to try to re-create the work papers at examination.
6. This report must be filed if a license was held for a portion of the reporting year and must be filed even if no loans were originated, brokered or made. The original report, signed under penalty of unsworn falsification pursuant to NH RSA 641:3, must be delivered to the department by hand or by mail, or completed via our on-line reporting mechanism.. Failure to file the annual report or late filing of the annual report results in a statutory penalty of \$25 per day for each day the report is overdue.
7. No fee is required to file this annual report.
8. Round dollar amounts to the nearest whole number.
9. If any information reported on the annual report is discovered to be inaccurate, the entity must file an amended report immediately. Amended annual reports can NOT be submitted using the on-line form. The form must be printed and delivered to the department.
10. Definitions:

"Average daily outstanding money transmissions" means the total dollar volume less fees sent by persons in all jurisdictions through the money transmitter and its authorized delegates, that has not yet been received in cash by the intended recipients, calculated for a calendar year, divided by 365.

"Gross Revenue" means all revenue from whatever source received by the licensee on NH money transmissions before any expenses are deducted. Do not double count revenue.

SPECIFIC SCHEDULE INSTRUCTIONS

SCHEDULE 1:

1. Complete Schedule 1 for all money transmitter activity engaged in during 2017.
2. Include the amount of money transmitter activity conducted by the licensee from all business locations in New Hampshire
3. Include the amount of money transmitter activity conducted from any location or method, including the Internet, where the company sold or issued payment instruments or prepaid access to persons in NH
4. Include the amount of money transmitter activity conducted from any location or method, including the Internet, where the company received money or monetary value for transmission from persons located in NH
5. Do not double count transactions. Identify money transmitter activity as one of the available classifications.
6. "Total Dollar Amount" should identify the amount of the transaction less any fees.
7. "Total Dollar Amount Outstanding" should identify only the amount of transactions still outstanding and on your books on December 31, including: Money transmissions not yet paid out to the recipient, Money Orders not yet negotiated, etc.

MONEY TRANSMITTER 2017 NH ANNUAL REPORT FORM 399-G-AR

Reporting Period: January 1, 2017 through December 31, 2017

Legal name of licensee: _____

Trade Name (if applicable): _____

Licensee's federal tax ID number: _____ 2017 NH principal office license number: _____

Contact person for this report (this must be the company's duly authorized person who affirms the accuracy, signs and files this report)

Name: _____ Title: _____

Communications: _____
 (Tel. no.) (Fax no.) (Cell) (E-mail Address)

SCHEDULE 1: NH MONEY TRANSMITTER ACTIVITY CONDUCTED IN 2017

(Round dollar amounts to the nearest whole number)

Category	Total Number of NH Transactions/ Instruments	Total Dollar Amount of NH Transactions/ Instruments	Gross Revenue from NH Transactions/ Instruments	Dollar Amount Outstanding NH Transmissions on 12/31/17
Money Transmission Transactions (receiving money or monetary value for transmission to another location) initiated during the 2017 year		\$	\$	\$
Payment Instruments such as Money Orders and Traveler's Checks sold during the 2017 year		\$	\$	\$
Stored Value/Prepaid Access Instruments/Transactions sold during the 2017 year		\$	\$	\$
Total (of above) for the 2017 year		\$	\$	\$

AFFIRMATION

The information provided in this report reflects the total amount of Money Transmitter business conducted by the licensee during 2017 in providing money transmission services, directly or indirectly, in the State of New Hampshire or with persons in the State of New Hampshire. I subscribe and affirm, under penalty of perjury and under penalty of unsworn falsification pursuant to RSA 641:3 that the statements made in this report have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to submit this report and to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the license to which this form relates.

I acknowledge on behalf of the licensee that the licensee will retain work papers and other documents used in the preparation of this report and that the licensee will make such records available to the department upon request or examination.

Date: _____

For _____
 (Print or type Licensee's name)

By _____
 (Print or type name of the authorized signatory)

Signature _____
 (Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3)

Title _____