



CHECK CASHING ANNUAL REPORT

OAR 441-755-0310
 As of Dec. 31, 20__.

Note: This report is **due by April 1** for the prior calendar year (January through December).

Name of licensee: _____ License no.: _____

License location: _____
Street City State ZIP

Complete the number of checks cashed *by category*, and the total dollar amount of the checks *in each category*:

| Check category | Number of checks cashed | Total dollar amount of checks cashed |
|---|-------------------------|--------------------------------------|
| <i>Example</i> → | 438 | \$ 98,210.00 |
| Government-issued checks | | \$ |
| Other state, political subdivision, or payroll checks | | \$ |
| Other checks, including personal checks, and money orders | | \$ |
| Total: | | \$ |

| | |
|--|----|
| Fees charged for total number of checks cashed from above — Total: | \$ |
|--|----|

This report was provided by: _____ Date: _____

Phone number: _____ E-mail address: _____