

QUARTERLY REPORT FOR CHECKS OVER \$2,500.00 (PER LOCATION)

| | | | | | |
|--------------------|------------|--|-------|-------------------|---|
| Name of Licensee: | | License Number: | | | |
| Street Address | | City | State | Zip Code | Please check one: |
| | | | | | <input type="checkbox"/> General <input type="checkbox"/> Limited |
| Telephone Number | Fax Number | e-mail Address | | Days of Operation | Business Hours |
| | | | | | |
| Reporting Quarter: | Year | Please check one: | | | |
| | | <input type="checkbox"/> Jan 1-Mar 31 <input type="checkbox"/> Apr 1-Jun30 <input type="checkbox"/> Jul 1-Sep 30 <input type="checkbox"/> Oct 1-Dec 31 | | | |

| Type of Checks over \$2,500.00 (i.e., Personal, Social Security, Insurance, Cashier's, Tax Refund, etc.) | | # of checks per type |
|---|--|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| 16 | | |
| 17 | | |
| 18 | | |
| 19 | | |
| 20 | | |
| Total (Sum of rows 1 through 20) = | | |