



# MONTANA ESCROW BUSINESS ANNUAL FINANCIAL STATEMENT AND ESCROW ACTIVITIES REPORT

Engaged in the Escrow Business under the  
Montana Regulation of Escrow Businesses Act

For the Calendar Year Ended December 31, 2018

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In accordance with 32-7-115, MCA, and ARM 2.59.713, this report is required to be completed by April 30 of each year, regardless of your fiscal year end date. Every escrow agent must make and file this report with the Division by April 30.

Complete the form as follows:

- Section I must only include data pertaining to Montana. Section I must be completed by an authorized representative of the Escrow Business.
- Section II must be completed by an independent public accountant and must include data for the entire entity.
- Every TOTAL line must have a total amount entered.
- If the company has branches, please only submit one report that includes the sum of data for all locations.

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## ANNUAL REPORTS CAN BE SENT BACK TO THE DIVISION BY EMAIL, MAIL, OR FAX.

### REGULAR MAIL:

Division of Banking & Financial  
Institutions  
P.O. Box 200546  
Helena, MT 59620-0546

### OVERNIGHT MAIL:

Division of Banking & Financial  
Institutions  
301 South Park, Suite 316  
Helena, MT 59601

FAX: 406-841-2930

### E-MAIL:

[mortgagelicensing@mt.gov](mailto:mortgagelicensing@mt.gov)

PHONE: 406-841-2945

## REPORTING ENTITY

1. Licensee Name \_\_\_\_\_ NMLS Unique ID \_\_\_\_\_
2. Licensee Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# Section I - To be completed by the Escrow Business for the State of Montana Only

## Schedule A - Escrow Accounts

Escrow Account Balance \$ \_\_\_\_\_  
Number of Escrows Opened Year to Date # \_\_\_\_\_  
Number of Escrows Closed Year to Date # \_\_\_\_\_  
  
Number of Escrows with Negative Balance as of Date of this Report # \_\_\_\_\_  
  
Total Amount of Escrows with Negative Balance as of this Report \$ \_\_\_\_\_

## Schedule B - Accounts with Taxes and Insurance Escrowed

Number of Accounts Currently Serviced # \_\_\_\_\_

## Schedule C - Uncleared Checks

Number of Uncleared Checks Greater than 3 Months # \_\_\_\_\_  
Dollar Amount of Uncleared Checks Greater than 3 Months \$ \_\_\_\_\_

**Have you escheated funds to the Montana Dept. of Revenue during this period?**

Yes     No

If yes, what was the total amount? \$ \_\_\_\_\_

**Are separate bank accounts maintained for operating and escrow accounts as required by 32-7-117, MCA?**

Yes     No

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### Verification

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief. I am knowledgeable on the subject and authorized to make this verification.

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**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section II Prepared By** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

# Section II – To be completed by the Independent Public Accountant

<u>Assets</u>		<u>Liabilities and Shareholders' Equity</u>	
Current Assets		Current Liabilities	
Cash	\$	Current Portion of Long-term Debt	\$
Accounts Receivable (less allowance for doubtful accounts)	\$	Notes Payable to a Bank	\$
Other Receivables		Accounts Payable	\$
Prepaid Expenses and Other Current Assets	\$	Accrued Expenses and Other Current Liabilities	\$
<b>TOTAL Current Assets</b>	<b>\$</b>	<b>TOTAL Current Liabilities</b>	<b>\$</b>
Notes Receivable, excluding current portion	\$	Loans from Shareholders	\$
Other Receivables, excluding current portion	\$	Deferred Income Taxes	\$
Property and Equipment, at cost, net of accumulated depreciation	\$	Other Deferred Liability	\$
Long-term Investments, at cost	\$	Long-term Debt, excluding current installments	\$
Other Assets	\$	Other Liabilities	\$
		<b>TOTAL Liabilities</b>	<b>\$</b>
		Shareholders' Equity Common Stock	\$
		Additional Paid-in Capital	\$
		Retained Earnings	\$
<b>TOTAL Long-term Assets</b>	<b>\$</b>	<b>Total Shareholder's Equity</b>	<b>\$</b>

**“Total Assets” MUST EQUAL “Total Liabilities and Shareholders' Equity” Below**

<b>TOTAL Assets</b>	<b>\$</b>	<b>TOTAL Liabilities and Shareholders' Equity</b>	<b>\$</b>
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<b><u>Revenue</u></b>	
Escrow Fees	\$ _____
Trust and Other Fees	\$ _____
Other	\$ _____
<b>Total Revenue from Operations</b>	<b>\$ _____</b>
<b><u>Expense</u></b>	
<b>General and Administrative Expenses</b>	<b>\$ _____</b>
<b>Income (loss) from Operations</b>	<b>\$ _____</b>

<b>Income Taxes</b>	\$ _____	
Income Before Extraordinary Item		\$ _____
<b>Extraordinary Item</b>	\$ _____	
Net Income (loss)		\$ _____

**Certification**

I certify that I am an independent public accountant (not affiliated with this Escrow Business) and that I have audited the entries on pages 3 and 4 of this document.

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<b>Signature</b>	<b>Title</b>	<b>Date</b>
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**Section II Prepared By** \_\_\_\_\_

**Company** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_