



STATE OF MONTANA

DIVISION OF BANKING & FINANCIAL INSTITUTIONS

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ESCROW BUSINESS ANNUAL FINANCIAL STATEMENT AND ACTIVITIES REPORT

This report is required to be completed and filed with the Montana Division of Banking and Financial Institutions (Division) by April 30th of each year, regardless of the fiscal year end date of the licensee. See 32-7-115, MCA, and ARM 2.59.713.

Complete the form as follows:

1. Section I:
 - a. This section must be completed by an authorized representative of the escrow business. It should contain only data pertaining to Montana.
2. Section II:
 - a. For reports filed for odd numbered years, this section must be completed by an authorized representative of the escrow business *and* reviewed by an independent public accountant (accountant). 32-7-115(5), MCA.
 - b. For reports filed for even numbered years, this section must be completed by an authorized representative of the escrow business.
 - i. For example, the report due April 30, 2021 is for calendar year 2020, and therefore does not require review by an accountant. The report for the following year would require review by the accountant.
3. Every TOTAL line must have the total amount entered.
4. If the company has branches, only submit one report that includes the sum of data for all locations.

**ANNUAL REPORTS MUST BE SUBMITTED TO THE DIVISION VIA EMAIL TO
MORTGAGELICENSING@MT.GOV.**

REPORTING ENTITY

Licensee Name: _____ NMLS Unique ID: _____

Address: _____

City: _____ State: _____ ZIP: _____

Data provided for reporting year: _____

SECTION I

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	# _____
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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 Department 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

VERIFICATION

I certify that the information provided in Section I 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 on behalf of the licensee.

Signature: _____ Date: _____

Title: _____

Section I Prepared By: _____

Phone: _____ Email: _____

SECTION II

ASSETS		LIABILITIES & SHAREHOLDERS' EQUITY	
<u>Current Assets</u>		<u>Current Liabilities</u>	
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	\$ _____
TOTAL CURRENT ASSETS	\$ _____	TOTAL CURRENT LIABILITIES	\$ _____
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	\$ _____
		TOTAL LIABILITIES	\$ _____
		Shareholders' equity common stock	\$ _____
		Additional paid-in capital	\$ _____
		Retained earnings	\$ _____
TOTAL LONG-TERM ASSETS	\$ _____	TOTAL SHAREHOLDER'S EQUITY	\$ _____
Total Assets MUST EQUAL Total Liabilities and Shareholders' Equity below.			
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES & SHAREHOLDERS' EQUITY	\$ _____

REVENUE

Escrow fees	\$ _____	
Trust and other fees	\$ _____	
Other	\$ _____	
Total revenue from operations		\$ _____

EXPENSE

<u>General and Administrative Expenses</u>	\$ _____	
Income (loss) from operations		\$ _____
<u>Income Taxes</u>	\$ _____	
Income before extraordinary item		\$ _____
<u>Extraordinary Item</u>	\$ _____	
Net income (loss)		\$ _____

VERIFICATION

I certify that the information provided in Section II 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 on behalf of the licensee.

Signature: _____ Date: _____

Title: _____

Section II Prepared By: _____

Phone: _____ Email: _____

INDEPENDENT PUBLIC ACCOUNTANT CERTIFICATION

Certification is required for reports filed for odd numbered years only.

I certify that I am an independent public accountant, not affiliated with this escrow business, and that I have reviewed the entries in Section II of this report.

Signature: _____ Date: _____

Phone: _____ Email: _____