



State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

FORM **716/718** Mandatory

Entity ID #

**Common Law Trust
Annual Report**

Required under sec. [226.14\(4\)](#), Wis. Stats.

**CALCULATE
FILING FEE**
Jan through Mar - \$ 5.00
During April - \$10.00
May through Dec - \$15.00

Supplemental fee from page 2 \$ _____

Enter total fee \$ _____

**OPTIONAL EXPEDITED
SERVICE** +25.00

Data in this report becomes public and might be used for purposes other than for which it was originally collected.

1 Name of entity:

Jurisdiction (formed under the laws of):

2 Principal office address:

3 Name and street address of the Trustee authorized to accept service of process on behalf of the entity (must be located in Wisconsin):

4 Wisconsin office address (if same, write 'same'):

5 Name, title and business address of each Trustee (attach additional pages as needed.)

Trustee:	Address:		
	City:	State:	Zip:
Trustee:	Address:		
	City:	State:	Zip:
Trustee:	Address:		
	City:	State:	Zip:
Trustee:	Address:		
	City:	State:	Zip:
Trustee:	Address:		
	City:	State:	Zip:

6 Nature of business transacted in Wisconsin during the preceding year:

7 States where the entity operates:

Section 226.14(3) of the Wisconsin Statutes requires that the trust pay \$1.00 for each \$1,000 of beneficial certificates sold or offered for sale in Wisconsin. Compute any fee owed from the sale of certificates in Wisconsin during the preceding year (on reverse) and add that sum to the filing fee in the schedule at the top right-hand corner of this page.

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Mailing Address:

State of WI-Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

8. Complete the calculation:	Amount
Beneficial certificates sold in Wisconsin during the preceding year (total amount sold, in dollars):	\$
	<i>Multiply by 0.001</i>
Total supplemental fee owed	\$

Enter the supplemental fee owed in the space indicated at the top right-hand corner of the first page of this form.

9. Verification and signature. A trustee for the Trust must sign this document and verify that its contents are true before a notary public.

STATE OF _____)

)

COUNTY OF _____)

)

_____, being duly sworn, on oath deposes and says that he/she/they is a trustee of the Trust identified on page 1 of this report; that he/she/they has executed the foregoing report for and on behalf of said Trust; and that the information provided by the Trust in this report is true.

Trustee

Printed Name

Signed and sworn to (or affirmed) before me on _____, _____.

Notary Public