

CURRENCY EXCHANGE ANNUAL REPORT

**Due Date:
March 31, 2026**



State of Wisconsin
 Department of Financial Institutions
 Division of Banking
 PO Box 7876
 Madison, WI 53707-7876
 Telephone: (608) 261-7578
 FAX: (608) 267-6889

4822 Madison Yards Way
 North Tower
 Madison, WI 53705
dfi.wi.gov

FOR YEAR ENDING DECEMBER 31, 2025

1. Licensee Name and Nationwide Multistate Licensing System (NMLS) ID number.

Licensee Name:	NMLS ID #:
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2. Contact information for the person to whom questions regarding this report should be addressed:

First Name:	Last Name:	Title:
Telephone Number:	E-mail:	

3. Are office quarters of any licensed location shared with any other business? Yes No
 If yes, identify the location and describe the type(s) of other business.

4. List any other activities conducted, services provided, or products sold at or from your licensed locations. Examples include, but are not limited to, bus pass sales, wire transfer services, phone card sales, photocopies, debit card sales, etc.

5. The currency exchange statutes require a licensee to keep, within the state of Wisconsin, the books, accounts, and records that will enable the division to determine if the licensee is complying with Wis. Stat. s. 218.05. Are the licensee's books, accounts, and records maintained at either its licensed Wisconsin offices or at another Wisconsin location that is readily accessible to the division? Yes No

If any of the books, accounts, or records are maintained at a location that does not hold a Wisconsin currency exchange license, identify that location below.

Street:		
City:	State: WI	Zip Code:

6. Do you sell money orders at your licensed locations? Yes No
 If yes, identify whose money orders you sell.

7. How frequently are checks, cashed by you, deposited into your bank account?

Notice: This form is required under Wis. Stat. s. 218.05. Refusal to fully and accurately provide the information required below may result in the revocation of a license. Personally identifiable information on this form may be matched against tax information, data regarding delinquent child and family support and unemployment insurance obligations, and law enforcement records. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

8. Check this box to confirm that you verified that the direct owners, indirect owners, and executive officers identified on the NMLS are up-to-date and accurate.
9. Check this box to confirm that the licensee's responses to the disclosure questions found on the NMLS Company Form (MU1) are up-to-date and accurate.
10. Check this box to confirm that each owner/officer/control person's responses to the disclosure questions found on their NMLS Biographical Statement and Consent Form (MU2) are up-to-date and accurate.

ATTACHMENTS

Attach the following items to your completed annual report form. **The annual report form and the attachments are due to the division by 3/31/2026.**

- **Fee schedule** - Provide a schedule of fees charged for cashing checks, drafts, money orders or similar instruments.
- **Summary of checks cashed** – Provide a list setting forth the following for each licensed location:
 - The number of checks cashed during the year ending 12/31/2025.
 - The dollar amount of checks cashed during the year ending 12/31/2025.

CERTIFICATION

I, _____, the undersigned, am employed by, or am an officer or a control person of,
 (Print Name)

_____. I certify that I have reviewed the
 (Name of Licensee)

foregoing responses, have made diligent inquiry as to their accuracy, and they are true and correct to the best of my knowledge.

 (Signature)

 (Title)

 (Date)

Return completed reports to one of the following addresses:

E-mail:

DFI_LFS@wi.gov

Mailing Address:

Wisconsin Department of Financial Institutions
 P.O. Box 7876
 Madison, WI 53707-7876

Courier Address:

Wisconsin Department of Financial Institutions
 North Tower
 4822 Madison Yards Way
 Madison, WI 53705