

**EARNED WAGE ACCESS SERVICES PROVIDER
ANNUAL REPORT**

**Due Date:
July 1, 2026**



State of Wisconsin
Department of Financial Institutions
Division of Banking

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FOR YEAR ENDING DECEMBER 31, 2025

SCHEDULE A: TRANSACTION VOLUME

Instructions: Provide the information requested for each of the following items. Enter “N/A” if an item is not applicable. Email the completed and signed annual report to DFI_LFS@wi.gov with the subject line “EWA 2025AR for [Company Name]”.

Notice: This form is required under Wis. Stat. s. 203.06(1). Refusal to fully and accurately provide the information required below may result in the revocation of a license. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Complete the table with the licensee’s information.

Company Name	
NMLS ID	

2. Complete the table with contact information for the person to whom questions regarding this report should be addressed.

Name	
Title	
Phone	
Email	

3. Complete the table with information relating to Wisconsin Earned Wage Access (EWA) business transacted during 2025.

Reporting Item	Wisconsin EWA Transactions
a) Gross revenue from EWA services	\$
b) Total number of EWA advances	#
c) Total number of unique consumers to whom EWA proceeds were provided	#
d) Total of EWA proceeds provided to consumers	\$
e) Total amount of fees, voluntary tips, gratuities, or other donations received from consumers	\$

4. By checking this box, I agree that I have reviewed the licensee’s Company Form (MU1) in the Nationwide Multistate Licensing System (NMLS) and verified that all direct owners, indirect owners, executive officers, and responses to disclosure questions identified on the MU1 are up-to-date and accurate. I further confirm I have verified 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.

5. Describe the ways in which a consumer can obtain a no-cost EWA advance. Attach additional pages if necessary.

6. Attach a schedule or summary of fees a customer may be assessed in connection with the licensee’s EWA product(s).

SCHEDULE B: FINANCIAL STATEMENTS

Summary: Upload financial statements to NMLS and complete Schedule B with information from those financial statements.

Instructions: Upload a balance sheet and income statement for the 12-month period ending 12/31/25 to NMLS. The statements must be prepared in accordance with generally accepted accounting principles using accrual basis accounting. Financial statements must represent the financial position of the licensee & its subsidiaries. Parent company financials will not be accepted. If the licensee has its financial statements audited or reviewed by an independent CPA, upload a complete copy of the audited or reviewed statements, including the auditor's report and complete notes to the financial statements.

1. Are any receivables reported on the balance sheet 120 days or more past due? Yes No
If yes, provide the total balance of receivables reported on the balance sheet,
other than related party receivables, that are at least 120 days past due. \$ _____

2. Allowance for doubtful accounts (if not clearly identified on balance sheet). \$ _____

3. Are any **receivables** reported on the balance sheet owed to the licensee by the licensee's
shareholders, owners, officers, employees, parents, affiliates, or another related party? Yes No

If yes, identify the related party and balance of each related party receivable (attach additional pages if necessary).

Related Party 1: _____ \$ _____

Related Party 2: _____ \$ _____

Related Party 3: _____ \$ _____

4. Are any **payables** reported on the balance sheet owed by the licensee to the licensee's
shareholders, owners, officers, employees, parents, affiliates, or another related party? Yes No

If yes, identify the related party and balance of each related party payable (attach additional pages if necessary).

Related Party 1: _____ \$ _____

Related Party 2: _____ \$ _____

Related Party 3: _____ \$ _____

5. If *intangible assets* are reported but are not itemized on the balance sheet, itemize those assets below (attach additional pages if necessary).

Net Goodwill: _____ \$ _____

Net Intangible Asset 1: _____ \$ _____

Net Intangible Asset 2: _____ \$ _____

6. Net leasehold improvements \$ _____

7. If *Other Assets* are reported but are not itemized on the balance sheet, itemize those assets below (attach additional pages if necessary).

Other Asset 1 Description: _____ \$ _____

Other Asset 2 Description: _____ \$ _____

Other Asset 3 Description: _____ \$ _____

Complete and sign the affidavit on the next page

AFFIDAVIT

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)