

Mailing Address:
PO Box 7876
Madison, WI
53707-7876



Courier Address:
4822 Madison Yards Way
North Tower
Madison, WI 53705

dfi.wi.gov

Department of Financial Institutions

Telephone: (608) 261-7578
Fax: (608) 267-6889

Supplemental Financial
Statement Information

This form is for the use of licensed Wisconsin **loan companies, payday lenders, sales finance companies and insurance premium finance companies.**

Purpose: Wis. Stat. s. 224.35(8)(c) requires licensees to upload their fiscal year-end financial statements to the Nationwide Multistate Licensing System (NMLS) within 90 days after the completion of their fiscal year. A completed Supplemental Financial Statement Information form must accompany those financial statements so the Wisconsin Department of Financial Institutions – Division of Banking (division) can determine if the licensee is complying with the division’s financial responsibility requirements.

Instructions: Complete this form with financial information obtained from the fiscal year-end financial statements that will be uploaded to NMLS. The completed form can either be uploaded with the financial statements or separately uploaded under the “Additional Requirements” header in the Document Uploads section of the Company Form (MU1). The completed form and the required financial statements must be uploaded to NMLS within 90 days after the licensee’s fiscal year-end.

Notice: This form is required under Wis. Stat. s. 224.35(8)(c). Refusal to provide this information may result in the revocation of a license. Failure to complete this form completely and accurately may result in the revocation of a license and any other penalties as provided by law. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

- 1. Fiscal Year-End Date ____/____/____
MM DD YYYY

- 2. 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. \$ _____

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

- 4. 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: _____ \$ _____

- 5. 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: _____ \$ _____

6. 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: _____ \$ _____

Net Intangible Asset 3: _____ \$ _____

7. Net leasehold improvements \$ _____

8. 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: _____ \$ _____

Other Asset 4 Description: _____ \$ _____

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)