



2024 ASSESSMENT FEE CALCULATION FORM FOR IDAHO FINANCIAL INSTITUTIONS

Institution Name: _____

Person Completing Form: _____

Email Address: _____

(1) Office Fee:

(a) Number of banking offices, including the head office. _____
(Do not include loan production, administrative or operations offices.)

(b) Office fee of \$100 per office. \$ 100

(c) **Total Office Fee** *(Multiply line 1.a by 1.b).* _____

(2) Asset Fee:

(a) Total Assets *(in thousands)* from December 31, 2023 Call Report. _____

(b) Base Fee Due *(per attached fee schedule).* _____

(c) Amount due in excess of Base Fee *(per attached fee schedule).* _____

(d) **Total Asset Fee** *(Add lines 2.b and 2.c).* _____

(3) Total Asset and Office Fee *(Add lines 1.c and 2.d).* _____

(4) Thirty Percent (30%) Assessment Reduction *(Multiply line 3 by .3).* _____

(5) Total Assessment Fee Due for 2024 *(Subtract line 4 from line 3).* _____

Please submit this completed form, including the name and email address of the person completing the form, along with your check payable to **STATE OF IDAHO, DEPARTMENT OF FINANCE**, to:

DEPARTMENT OF FINANCE P.O. BOX 83720 BOISE, IDAHO 83720-0031

Please remit your payment within 30 days of receipt of this notice. Thank you.