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Indiana PTA
6901 E. 10th St. Suite E
Indianapolis, IN 46219
ANNUAL FINANCIAL REPORT FOR _____ (FISCAL YEAR)

Name of PTA _____

School Address _____
Street City Zip County

Federal Tax Identification # _____

Indiana State Tax Exempt # _____

ACTUAL RECEIPTS

Membership Dues (local portion only)	\$ _____
Ways and Means (total gross income)	_____
Balance brought forward from previous year	_____
Total	\$ _____

DISBURSEMENTS (may be in budgeted categories)

\$ _____

BALANCE AT END OF YEAR \$ _____

RECEIPTS NOT BELONGING TO UNIT

State and National PTA Dues	\$ _____
Founders' Day Gift	\$ _____
Total	\$ _____

AUDITING COMMITTEE

1. _____ 2. _____

3. _____ 4. _____

Treasurer's Name _____ Phone Number _____

Signature of President _____ Date _____

Address _____ Phone _____

THIS INFORMATION IS REQUIRED BY THE IRS. Return one copy to State Office after books are audited and keep one copy for your records.

