

## New Jersey PTA Fiscal Year 2013 – 2014 Local PTA Audit Report

An audit for \_\_\_\_\_ PTA/PTSA, on record with EIN, \_\_\_\_\_ was completed on \_\_\_\_\_ by (Auditor or committee) \_\_\_\_\_. The audit was presented to the \_\_\_\_\_ PTA/PTSA board on \_\_\_\_\_ and adopted by the general membership on \_\_\_\_\_. The audit period was from \_\_\_\_\_ to \_\_\_\_\_. The date of the last audit was \_\_\_\_\_. A form 990-N, 990-EZ or 990 (circle one) was filed as a result of total receipts for the reporting year.

Signed: \_\_\_\_\_  
President

Signed: \_\_\_\_\_  
Treasurer

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**AUDITOR or AUDIT COMMITTEE:**

The records of the treasurer of \_\_\_\_\_ PTA/PTSA are correct.

The records of the treasurer of \_\_\_\_\_ PTA/PTSA were found to be inadequate to complete the audit after attempting to locate missing records. Please see attached comments.

<p><b>Auditor:</b></p> <p>Signed: _____</p> <p>Printed Name: _____</p> <p>Organization: _____</p> <p>Address: _____</p> <p>Phone number: _____</p>	<p><b>Audit Committee:</b></p> <p>Signed: _____</p> <p style="text-align: center;">Audit Committee Chair</p> <p>Signed: _____</p> <p style="text-align: center;">Audit Committee Member</p> <p>Signed: _____</p> <p style="text-align: center;">Audit Committee Member</p>
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**Audit Report for:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**Per Member Dues for** \_\_\_\_\_ **(year)** \_\_\_\_\_ **(amount)**

The following audit information is submitted to the New Jersey PTA as the annual audit of this association.

<b>1. Beginning Balance</b>		\$
<b>2. Receipts</b>	<i>Total of all receipts and credits.</i>	\$
<b>3. Add line 1 and line 2:</b>		\$
<b>4. Expenses</b>	<i>Total of all checks written and debits</i>	\$
<b>5. Subtract line 4 from line 3 for "BALANCE ON HAND"</b> <i>(Should match check register)</i>		\$

**OUTSTANDING CHECKS AND DEPOSITS:**

<b>6. Balance on Last Bank Statement:</b>		\$
<b>Outstanding Checks:</b>		
Check #	Payable to:	Amount
TOTAL OUSTANDING CHECKS:		\$
<b>7. Subtract total for Outstanding Checks from Line 6.</b>		\$
<b>Outstanding Deposits</b>		
Source of Deposit	Amount	
TOTAL OUSTANDING DEPOSITS:		\$
<b>8. Add total Outstanding Deposits to Line 7.</b>		\$
<b>9. Enter amount in line 8 to verify "BALANCE ON HAND"</b> <i>Should match check register and amount in Line 5.</i>		\$

**Auditor or Audit Committee Comments:**

*The auditor or audit committee may include any comments, recommendations or concerns in this section or attach separately to the audit report for consideration by the incoming treasurer and/or local PTA board.*

## Instructions for Completing the Local PTA Audit Report

*This format is not intended for electronic fill-in. If you prefer to fill in the report from your computer, download the electronic version from the FINANCE section at [www.njpta.org](http://www.njpta.org).*

### **Cover Sheet Instructions:**

The cover sheet is required. Fill in all information above the line.

1. Enter the name of your local unit, include PTA or PTSA or SEPTA.
2. Enter your Employee Identification Number (EIN)
3. Enter the date of the audit and who performed the audit. Enter only the auditor name or if an auditing committee was used, simply insert 'auditing committee'.
4. Enter the name of your local PTA, the date presented to the PTA board and the date adopted by the general membership. The audit **MUST** be adopted by your membership at a general meeting.
5. Enter the beginning and end date of your audit period.
6. Enter the date of the last audit.
7. Enter the President's contact information
8. If you used an AUDITOR, enter their printed name, organization/company, address and phone number. The auditor will sign the final report. If you used an audit committee, have the committee members sign the final report.
9. Have the auditor or auditing committee chairman check the appropriate box to state the audit is correct or that the records are inadequate to complete an audit after every attempt to account for missing records. If the records are inadequate, the auditor or auditing committee must include in the comments a list of what is missing and recommendations on how to prepare for the next audit.
10. Make sure you have all signatures. Send the report to:

New Jersey PTA  
Attention: Audits  
8 Quakerbridge Plaza, Suite F  
Mercerville, NJ 08619

### **Report Instructions:**

Provide the amount for each line. If the number of outstanding checks exceeds the space available, annotate in the last space for checks, 'continued on a separate piece of page', however make sure the total in last line is the total for all checks. If the number of outstanding deposits is greater than the number of space, do the same as for outstanding checks. Attach any separate sheets.

Line 9 should be the same as line 5.

### **Comments Instructions:**

If the auditor or audit committee has recommendations, concerns or comments, please type in this space.

Questions? Email: [treasurer@njpta.org](mailto:treasurer@njpta.org) or if email is unavailable, call 609-587-0100 for further assistance.