

PTA Name _____	City _____
County _____	EIN# _____ Local PTA Unit# _____

**This financial review must be conducted by at least three members of your PTA. The members of the financial review committee cannot have been signers on the account(s) during the audit period and cannot be related to the signers.** The 2019-2020 treasurer cannot participate in the financial review; however, they should be available to answer questions. All PTA accounts must be included in this financial review. **If you have more than one account, review each account separately and use a separate financial review form for each account (make a copy of the financial review form attached for each of your checking accounts).** If you have questions regarding the financial review, contact [treasurer@njpta.org](mailto:treasurer@njpta.org).

- To complete the financial review, the treasurer must provide the following items:**
1. your PTA's 2018-2019 NJPTA audit form – *if you do not have a copy of your 2018-2019 financial review, contact the NJPTA office at [njpta@njpta.org](mailto:njpta@njpta.org) or call 609-587-0100*
  2. the check register(s) and the checkbook(s) including all UNUSED checks
  3. all income vouchers and check vouchers (with receipts) for this financial review period
  4. the IRS 990 and NJ CRI filings for the previous financial review period.
  5. all bank statements July 2019 through June 2020
  6. the 2019-2020 budget and all the treasurer's reports

<b>Date Financial Review was performed</b> _____	
<b>Audit Committee Chairperson</b> _____	DATE
PRINT & SIGN	
<b>Audit Committee Member</b> _____	DATE
PRINT & SIGN	
<b>Audit Committee Member</b> _____	DATE
PRINT & SIGN	
<b>Current President</b> _____	DATE
PRINT & SIGN	

**After the financial review is conducted, complete all pages of this form, include all attachments and submit one of the following ways:**  
**UPLOAD TO MemberHub:** sign into your PTA's MemberHub account and go to Admin Console, click on Financial Review Submission, click on link in Direction #3 and upload document to folder, click on 'add financial review submission', complete information and hit submit.  
**or MAIL TO:** NJPTA, 8 Quakerbridge Plaza, Suite F, Mercerville, NJ 08619 **or FAX TO:** 609-917-2706  
**or E-MAIL TO:** [njpta@njpta.org](mailto:njpta@njpta.org)

- After completion of the financial review, answer the questions below.**  
**If you have any questions, please email the NJPTA treasurer at [treasurer@njpta.org](mailto:treasurer@njpta.org).**
- |   |       |      |
|---|-------|------|
| 1. Were all income and expense items properly allocated according to the budget?          | O YES | O NO |
| 2. Were there receipts for every check voucher?   | O YES | O NO |
| 3. Were all checks sequentially numbered and accounted for?                               | O YES | O NO |
| 4. Were all checks signed by <b>TWO authorized signers</b> ?                              | O YES | O NO |
| 5. Did this PTA file either a 990N or 990ez with the IRS for the prior tax year?          | O YES | O NO |
| 6. Did this PTA file either a CRI200 or CRI300r with the State of New Jersey?             | O YES | O NO |
| 7. Did this PTA file their NJ Annual Report? (Necessary only if the PTA is incorporated). | O YES | O NO |
| 8. Were the financial records found to be in order and correct?                           | O YES | O NO |

**If you checked 'NO' for any of the questions above, please provide explanation here, use extra paper if necessary:**

**New Jersey PTA - 2019-2020 Financial Review FORM - Due August 31, 2020**

<b>PTA Name</b>	<b>Local PTA Unit#</b>
<b>Date of Financial Review</b>	<b>Last Four Digits of Account #</b>

**PER CHECK REGISTER**

<b>1</b>	Beginning Balance (must match register balance as of July 1, 2018 and Balance on Hand from line 5 of your 2018-2019 audit)	
<b>2</b>	Total Income per register (all deposits)	+
<b>3</b>	Add line 1 and line 2	=
<b>4</b>	Total Expenses per register	-
<b>5</b>	Subtract line 4 from line 3	=
<b>5</b>	Balance on Hand (must match register balance as of June 30, 2020)	=

**PER BANK**

<b>6</b>	Ending Balance June 2020 bank statement			
	<b>Outstanding Checks (use additional sheet of paper if necessary):</b>			
	Check#	Payable to:	Amount	
	Outstanding Check Total:			

<b>7</b>	Subtract Outstanding Check Total	-
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<b>Outstanding Deposits:</b>				
	Source of Deposit	Amount		
	Outstanding Deposit Total:			

<b>8</b>	Add Outstanding Deposit Total	+
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<b>9</b>	Balance on Hand (must match line 5)	=
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<b>10</b>	<p><b>Are there any unpaid bills? If so, list total amount here \$ _____</b></p> <p><i>Please attach a separate piece of paper with details for each unpaid bill explaining why it has not been paid.</i></p> <hr/> <p align="center">If you have any questions about any of the filings mentioned above, please contact the NJPTA office for assistance. E-mail <a href="mailto:njpta@njpta.org">njpta@njpta.org</a> or call 609-587-0100. These filings are essential to the tax-exempt status of your PTA.</p>
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