NJPTA Financial Review – 2024-2025 Fiscal Year

(Your PTA fiscal year is 7/1/24 – 6/30/25)

Your PTA's financial review must include all accounts owned by your PTA.

PTA Name_____ **City**_____

County/Council_____ **EIN#**_____ **Local PTA Unit#**_____

IMPORTANT –Financial Review Process:

You must perform the annual financial review and complete a copy of the attached form for each of your PTA's accounts. (NJPTA reserves the right to request your completed financial review forms at any time).

Financial Management Checklist

To be completed by the financial review committee.

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 **TWO authorized signers**?
   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 incorporated).
   O YES O NO
8) Were the financial records found to be in order, and correct?
   O YES O NO
9) All members of the financial review committee were not signers on the accounts?
   O YES O NO
10) If applicable, do you have a separate checking account for gaming activity?
   O YES O NO

If you checked 'NO' for any of the questions above, please provide explanation on separate sheet of paper.

Current President_____
PRINT & SIGN DATE

Current Treasurer_____
PRINT & SIGN DATE

Financial Review Committee

Date Financial Review was performed _____

Committee Member #1_____
PRINT & SIGN DATE

Committee Member #2_____
PRINT & SIGN DATE

Committee Member #3_____
PRINT & SIGN DATE

After the financial review is approved by your General Membership you should upload to Givebacks by 10/31 under the 2025-2026 compliance tab for storage.

New Jersey PTA – 2024 - 2025 Financial Review FORM

PTA Name	**Local PTA Unit#**
Date of Financial Review	**Last Four Digits of Account(s)# Included on this Page**

PER CHECK REGISTER

1	**Beginning Balance** (must match register balance as of July 1, 2024 and Balance on Hand from line 5 of your 2023-2024 audit)	
2	**Total Income per register (all deposits)**	+
3	Add line 1 and line 2	=
4	**Total Expenses per register** Subtract line 4 from line 3	-
5	**Balance on Hand** (must match register balance as of June 30, 2025)	=

PER BANK

6	**Ending Balance June 2025 bank statement**				
	***Outstanding Checks** (use additional sheet of paper if necessary):*				
	Check#	Payable to:	Amount		
	Outstanding Check Total:				
7	Subtract Outstanding Check Total				-
	Outstanding Deposits:				
	Source of Deposit		Amount		
	Outstanding Deposit Total:				
8	Add Outstanding Deposit Total				+
9	**Balance on Hand** (must match line 5)				=

10 **Are there any unpaid bills? If so, list total amount here $_____**

Please attach a separate piece of paper with details for each unpaid bill explaining why it has not been paid.

Additional Comments and Recommendations *(Please include any additional comments and recommendations for the PTA- you may include this on additional pages as needed).*