New Jersey PTA
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NJPTA Financial Review – 2025-2026 Fiscal Year

(Your PTA fiscal year is 7/1/25 – 6/30/26)

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.

Financial Management Checklist *To be completed by the financial review committee.*

Federal and State Government Requirements:

1)	Did this PTA file either a 990N or 990EZ with the IRS for the prior tax year?	O YES	O NO
2)	Did this PTA file their NJ charities registration renewal (NJ CRI)? (only if registered)	O YES	O NO
3)	Did this PTA file their NJ Annual Report? (only if incorporated)	O YES	O NO

Proper accounting procedures:

4)	Were all checks accounted for?	O YES	O NO
5)	Were there receipts for every check voucher?	O YES	O NO
6)	Were all checks signed by **TWO authorized signers**?	O YES	O NO
7)	If applicable, do you have a separate checking account for gaming activity?	O YES	O NO
8)	Were all bank statements properly reconciled each month?	O YES	O NO
9)	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 on separate sheet of paper.

2026-2027

President_____

PRINT & SIGN DATE

2026-2027

Treasurer_____

PRINT & SIGN DATE

Financial Review Committee *– **The members of this committee cannot have been signers on the PTA's checking account(s) during the period being reviewed***

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 completed, upload to Givebacks by 10/15/26 under the 2026-2027 compliance tab and present the review to your general membership at your first general meeting.

New Jersey PTA – 2025 - 2026 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, 2025 and Balance on Hand from line 5 of your 2024-2025 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, 2026)	=

PER BANK

6	**Ending Balance June 2026 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).*