

# 8<sup>th</sup> District PTA

## Unit Needs Form

Instructions: Please check the box next to the item(s) you'd like completed. **BE SURE TO COMPLETE THE UNIT INFORMATION SECTION AT THE BOTTOM OF THE PAGE!!**

Bylaws Updated (please include the bylaws summary sheet)

Initial CT Application\* (please include officers list)

\*Requires \$25 check made payable to the: **Department of Justice**

CT Renewal\* (please include gross receipts & assets from last year)

Gross Receipts Amount\*: \_\_\_\_\_ Assets\*\*\*: \_\_\_\_\_

\*Gross receipts are calculated from all income (deposits) with the exception of forwarded membership dues. \*\*If gross receipts are under \$25,000 no fee; \$25,000-\$100,000 requires \$25 renewal fee made payable to the: **Registry of Charitable Trusts**

\*\*\*Assets is the checking account balance on July 1 (after school year ends)

Taxes – 199N & 990N (please include previous years gross receipts)

Gross Receipts Amount: \_\_\_\_\_ (see above explanation under CT renewal)

Raffle Registration\* (please include proposed or approx. dates)

Date(s) of Raffles: \_\_\_\_\_

\*Requires \$20 check made payable to the: **Department of Justice**

Raffle Report Form: (please includes dates/income from raffles held)

Date(s) of Raffles: \_\_\_\_\_ Income from all Raffles: \_\_\_\_\_

Cost to conduct all Raffles: \_\_\_\_\_

## **Unit Information Section – Complete ALL Fields**

Unit Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Unit Phone and/or Fax#: \_\_\_\_\_

Unit EIN#: \_\_\_\_\_ Unit FTB#: \_\_\_\_\_ Unit CT#: \_\_\_\_\_

President's Name: \_\_\_\_\_

President's Address: \_\_\_\_\_

### **Return All Items To:**

Debra L. Elliot, Tax/CT/Raffle Liaison

1886 Noble Ln.

Turlock, CA 95380

(209) 585-8710

[ptamom4life@sbcglobal.net](mailto:ptamom4life@sbcglobal.net)

\*Revised 8/12/19