8TH DISTRICT PTA

Lincoln COUNCIL REMITTANCE FORM

PTA/PTSA NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_

TREASURER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Task | Due Date | Amount due | Total |
| --- | --- | --- | --- |
| FIRST MEMBERSHIP REMITTANCE (MIN. OF 30 MEMBERS) | October 1 | $5 x \_\_\_\_ |  |
| Insurance | October 1 | $ 232 |  |
| Monthly Membership Remittance | Monthly | $5 x \_\_\_\_ |  |
| Council Assessment Fee  | October 1 | $150 |  |

 Total =

| Task | Due Date  | Done |
| --- | --- | --- |
| End of year Audit | September 15 |  |
| Annual Financial Report | September 15 |  |
| Annual Adopted Budget For current year | September 15 |  |
| Tax Return State, Federal and RRF1 | October 1 |  |
| Work’s Compensation Annual Payroll form send with insurance payment  | October 1 |  |
| Midyear audit  | February 1 |  |
| Annual Historian Report (calculate hours through end of June) | April 1 |  |
| New officers List  | April 15 |  |

If you have any questions, please feel free to

Make Checks Payable to: Lincoln Council PTA PLEASE MAIL TO: