

LINCOLN COUNCIL PTA

REMITTANCE FORM

PTA/PTSA NAME: _____

TREASURER NAME _____

CONTACT INFO: _____

MEMBERSHIP DUES AND INSURANCE	DUE DATE	AMOUNT DUE	TOTAL
FIRST MEMBERSHIP REMITTANCE (MIN. OF 30 MEMBERS)	October 1	5.00 x ____	
INSURANCE (25 LATE FEE IF AFTER DEC. 1)	October 1	\$228.00	
MONTHLY MEMBERSHIP REMITTANCE	Monthly	5.00 x ____	
Assessment Fee	October 1	150.00	
Heart Lab	October 1	25.00	
	[Date]	TOTAL AMOUNT	

TASK	DUE DATE	DONE
End of year Audit	September 15	<input type="checkbox"/>
Annual Financial Report	September 15	<input type="checkbox"/>
Annual Adopted Budget For current year	September 15	<input type="checkbox"/>
Tax Return State, Federal and RRF1	September 15	<input type="checkbox"/>
Work's Compensation Annual Payroll form send with insurance payment	October 1	<input type="checkbox"/>
Midyear audit	February 1	<input type="checkbox"/>
New officers List	April 15	<input type="checkbox"/>

If you have any questions please fill free to email ddixon@lUSD.net

PLEASE MAIL TO:

Lincoln Council TREASURER
8135 Balboa Ave. Stockton, CA 95209
Attn: Danielle Dixon
By District Mail to Colonial Heights
Attn: Danielle Dixon