

# 8TH DISTRICT PTA

## OUT OF COUNCIL REMITTANCE FORM

PTA/PTSA NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

MEMBERSHIP DUES AND INSURANCE	DUE DATE	AMOUNT DUE	TOTAL
FIRST MEMBERSHIP REMITTANCE (MIN. OF 30 MEMBERS)	October 1	\$4.75 x ____	
INSURANCE (\$25 LATE FEE IF AFTER DEC. 1)	October 1	\$232.00	
MONTHLY MEMBERSHIP REMITTANCE	Monthly	\$4.75 x ____	
		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	October 1	<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"/>
Annual Historian Report (calculate hours through end of June)	April 1	<input type="checkbox"/>
New officers List	April 15	<input type="checkbox"/>

If you have any questions, please feel free to email [8thdtr@gmail.com](mailto:8thdtr@gmail.com)

PLEASE MAIL TO:  
**8<sup>th</sup> DISTRICT TREASURER**  
 Cindy Gutierrez  
 209 El Vista Ave  
 Modesto, CA, 95354

Make checks payable to:  
**8<sup>th</sup> District PTA**