

**** Complete one form for each checking and savings account ** Account _____**

Beginning Balance on January 1, 20__ _____

*This **MUST** be your ending balance on December 31, 20__ (year prior to reporting year)*

Income:

- Membership Dues Income _____
- Liability Insurance Income _____
- Fund Raising Income _____
- Bank Interest Income _____
- Merchandise Sales Income _____
- Newsletter & Advertising Income _____
- Raffle Income _____
- State Meeting Income _____
- State Ride Income _____
- Banquets & Club Outings Income _____
- Donations Income _____
*(For donations greater than \$1,000, you **must** provide names)*
- _____
- _____
- Miscellaneous Income _____
(Use this category only as a last resort & explain)
- _____
- _____

Total Income Only:

*(Add together **only** your Income items)*

_____ - _____

Expenses:

- Membership Dues Expense (Sent to State Treasurer) _____
- Liability Insurance Expense (Sent to State Treasurer) _____
*(Liability Insurance Income **must** equal Liability Insurance Expense)*
- Fundraising Expense _____
- Special Event Insurance Expense _____
- Merchandise Sales Expense _____
- Newsletter & Advertising Expense _____
- Office Supplies Expense _____
- Postage Expense _____
- Banquet & Club Outing Expense (Including Hall Rental) _____
- Trail Mileage Patch Expense _____
- Public Relations Expense _____
- Raffle Expense _____
- Sponsorships & Awards Expense _____
- Web Site Expense _____
- Ride Expense (Sponsored by your chapter) _____
- State Meeting Expense _____
- Bank Fees Expense _____
- Park & Trail Expense _____
- Donations Expense _____
(All donations must be listed i.e. 4-H Show...\$75.00)
- _____
- _____
- _____
- Miscellaneous Expense _____
(Use this category only as a last resort & explain)
- _____
- _____

Total Expense Only:

*(Add together **only** your Expense Items)*

_____ - _____

Ending Balance December 31, 20__ _____

*(Add the Total Income to the Beginning Balance and subtract the Total Expense -
This **must** equal your ending reconciled bank balance)*

_____ - _____

**** This must be sent to the State OHC Treasurer by January 10, 20__ (year following reporting year)**

This is a required document used to prepare the OHC tax returns

Accuracy COUNTS

Failure to submit on time will result in a forfeiture of any dues refund & make the chapter ineligible for grant funds for the upcoming year.

Chapter: _____

Prepared By: _____
(Chapter Treasurer must sign)