

2018-2019 MONTANA PTA REMITTANCE FORM

REQUIRED:

Membership dues and submission of this completed form (including page 2) submitted by November 1, 2018 to remain in good standing.

Final required dues remittance date is April 1, 2019

PLEASE NOTE: Membership dues may be submitted anytime throughout the year and not just the two required months of November and April.

Unit Name: _____ Date: _____

Unit Address: _____
(must be permanent PTA address with city and zip)

_____ Number of Members @ \$6.00 per member = \$ _____
(Attach unit's membership list when submitting dues)

Montana PTA Programs Contribution (optional) \$ _____
**Supports the many programs Montana PTA has to offer to Local Units*

Montana PTA Honorary Life Membership Fee \$75.00 (optional) \$ _____
**Must include Montana PTA Honorary Life Membership Form*

TOTAL AMOUNT ENCLOSED \$ _____

CHECK MADE PAYABLE TO: **MONTANA PTA**
Mail check, this form and local membership list to:

**Montana PTA
PO BOX 1269
Laurel, MT 59044**

Unit Treasurer _____ Signature _____

Treasurer's Phone _____ E-Mail _____

***PLEASE NOTE: The required General Liability Insurance Coverage annual premium of \$65 is due directly to AIM Insurance and not to Montana PTA. The individual local PTA Units will receive an invoice from AIM when the insurance premium payment is due (April/May). Additional insurance coverage options will also be available.**

MUST COMPLETE BOTH PAGE 1 AND 2 AND RETURN

REQUIRED IRS REPORTING INFORMATION

Required for the Montana PTA Internal Revenue Code 501(c)(3) non-profit group tax exemption; failure to comply with these new reporting requirements may result in revocation of your tax exempt status. All units are now required to file an annual IRS return FORM (990N or 990EZ) on or before the 15th day of the 5th month following the unit's fiscal year end.

This unit has gross receipts for the 2017-2018 school year of:

- Gross receipts under \$50,000 and properly filed FORM 990N on-line at www.irs.gov on _____ date. OR will be filed on _____ date.
- Gross receipts over \$50,000 and properly filed FORM 990EZ and Schedule A to the IRS on _____ date. OR will be filed on _____ date.

This unit's fiscal year end is: _____.

2017-18 Gross Receipts _____ 2017-18 Estimated Volunteer Hours _____

As required by MT PTA Bylaws, this unit is incorporated with the State of Montana. YES _____

As required by MT PTA Bylaws, this unit has completed an Annual Financial Review. YES _____

Signature of PTA Officer verifying the above information: _____

Printed Name: _____ PTA Position _____

Required Attachments:

- Financial Review Report Form
- Copy of appropriate IRS FORM 990-N or 990EZ