

## 2018 Twig IRS Report Form

As a non-profit organization with a tax-exempt status, the Overlook Auxiliary must follow all IRS regulations as well as all New Jersey State regulations pertaining to that tax-exempt status. These rules state that all bank accounts of any tax-exempt organization shall be reduced to a maximum balance of \$100.00 each year. The Auxiliary has been informed that this regulation applies to each individual Twig. In order to comply with this IRS regulation, each Twig **must** complete this form. **If your Twig does not have a bank account, please fill out your Twig town and number, write N/A for name of bank, sign form and return to the Auxiliary Business Office.**

Town \_\_\_\_\_ Twig # \_\_\_\_\_

Name of Bank \_\_\_\_\_ Checking/Savings Account \_\_\_\_\_  
 (Mark N/A if Twig does NOT have a bank account)

Balance as of **01/01/2018**, **03/31/18**, **06/30/18**, **09/30/18** \$ \_\_\_\_\_

| <u>Income per Bank Statement</u> | <u>Source</u>           | <u>Amount</u> |
|----------------------------------|-------------------------|---------------|
| Deposit                          | _____                   | \$ _____      |
| Deposit                          | _____                   | \$ _____      |
| Total Income/Revenue             | <b><u>Sub-Total</u></b> | \$ _____      |

| <u>Expenses</u>              | <u>Payee/Category</u>   | <u>Amount</u> |
|------------------------------|-------------------------|---------------|
| Check # _____                | _____                   | \$ _____      |
| Check # _____                | _____                   | \$ _____      |
| <b><u>Total Expenses</u></b> | <b><u>Sub-Total</u></b> | \$ _____      |

Wish List Item \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_

Balance as of **03/31/2018**, **06/30/18**, **09/30/18**, **12/31/2018**  
 (Beginning Balance, **plus** Revenues, **minus** expenses, less Wish List Item(s)) \$ \_\_\_\_\_

If you have not reduced your Twig account to \$100, please provide a written explanation on back of this form. For your information, the Overlook Auxiliary Employer Federal Identification Number is 22-603-4003 for Accounts.

Please mail this completed form to:

Overlook Auxiliary  
 99 Beauvoir Avenue  
 Summit, NJ 07901

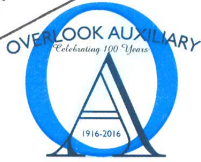
Submitted by: \_\_\_\_\_  
SignaturePrint Name

\_\_\_\_\_ E-mail \_\_\_\_\_ Phone

**Due by: 10<sup>th</sup> business day after the Quarter end**

**First Quarter Red 01/01 to 03/31/18**  
**Second quarter Green 03/31 to 06/30/2018**  
**Third Quarter Blue 06/30 to 09/30/2018**  
**Fourth Quarter Purple 09/30 to 12/31/18**

EXAMPLE



2018 Twig IRS Report Form

As a non-profit organization with a tax-exempt status, the Overlook Auxiliary must follow all IRS regulations as well as all New Jersey State regulations pertaining to that tax-exempt status. These rules state that all bank accounts of any tax-exempt organization shall be reduced to a maximum balance of \$100.00 each year. The Auxiliary has been informed that this regulation applies to each individual Twig. In order to comply with this IRS regulation, each Twig must complete this form. If your Twig does not have a bank account, please fill out your Twig town and number, write N/A for name of bank, sign form and return to the Auxiliary Business Office.

Town Summit Twig # 123

Name of Bank CHASE Checking/Savings Account # 123456  
(Mark N/A if Twig does NOT have a bank account)

Balance as of 01/01/2018, 03/31/18, 06/30/18, 09/30/18 \$ 1500.00 \*

| <u>Income per Bank Statement</u> | <u>Source</u>                   | <u>Amount</u>     |
|----------------------------------|---------------------------------|-------------------|
| Deposit                          | <u>LUMINARY SALE FUNDRAISER</u> | \$ <u>5000.00</u> |
| Deposit                          | <u>TICKET SALES</u>             | \$ <u>1125.00</u> |
| Total Income/Revenue             | <u>Sub-Total</u>                | \$ <u>6125.00</u> |

| <u>Expenses</u>       | <u>Payee/Category</u>              | <u>Amount</u>    |
|-----------------------|------------------------------------|------------------|
| Check # <u>101</u>    | <u>STAPLES/SUPPLIES</u>            | \$ <u>50.00</u>  |
| Check # <u>102</u>    | <u>GIFT SHOP/CANCER CENTER TEA</u> | \$ <u>100.00</u> |
| <u>Total Expenses</u> | <u>Sub-Total</u>                   | \$ <u>150.00</u> |

AUXILIARY CKS  
Wish List Item HOSPICE CAMP CLOVER Check # 567 \$ 2000.00

Balance as of 03/31/2018, 06/30/18, 09/30/18, 12/31/2018  
(Beginning Balance, plus Revenues, minus expenses, less Wish List Item(s)) \$ 5475.00 \*

If you have not reduced your Twig account to \$100, please provide a written explanation on back of this form. For your information, the Overlook Auxiliary Employer Federal Identification Number is 22-603-4003 for Accounts.

Please mail this completed form to:

Overlook Auxiliary  
99 Beauvoir Avenue  
Summit, NJ 07901

Submitted by: Maria Ciaravalli Signature MARIA CIARAVALLI Print Name

MARIA.CIARAVALLI@atlantichealth.org E-mail 908-522-2133 Phone

PLEASE COMPLETE SEPARATE FORM EACH QTR

**Due by: 10<sup>th</sup> business day after the Quarter end**

- First Quarter Red 01/01 to 03/31/18
- Second quarter Green 03/31 to 06/30/2018
- Third Quarter Blue 06/30 to 09/30/2018
- Fourth Quarter Purple 09/30 to 12/31/18

\* AGREE TO BANK STATEMENT