

IPSSA Chapter Tax Data Survey

* 1. Chapter

* 2. Name of Officer Filling Out Form

* 3. What Months is the Chapter Reporting?

- | | | |
|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> May | <input type="checkbox"/> September |
| <input type="checkbox"/> February | <input type="checkbox"/> June | <input type="checkbox"/> October |
| <input type="checkbox"/> March | <input type="checkbox"/> July | <input type="checkbox"/> November |
| <input type="checkbox"/> April | <input type="checkbox"/> August | <input type="checkbox"/> December |

* 4. Beginning Bank Balances (If filling out for multiple months enter in the beginning balance of the first month)

Checking Account

Savings Account

*** 5. Income (If reporting quarterly please enter the cumulative revenue for all three months)**

Chapter Dues from IPSSA	
Payments from Members	
Payments from Chapter Supporters	
Fundraising	
Interest Earned	
Newsletter Advertising Income	
Other - Please Specify	
Other - \$ Amount	

*** 6. Expenses (If reporting quarterly please enter the cumulative expenses for all three months)**

Bank Charges	
Donations - Please Specify	
Donations - \$ Amount	
Door Prizes and Member Giveaways	
Chapter Newsletter Expenses	
Legal and Professional	
Meetings - Food and Beverage	
Meetings - Other	
Office Expenses	
Postage/Printing	
Leadership Honorarium or Payments to Leaders	
Other - Specify	
Other - \$ Amount	

*** 7. Ending Balance (If reporting quarterly please enter the ending balance of the last month)**

Checking Account	
Savings Account	

8. Upload Bank Statements

If you cannot upload the files into this survey please email your bank statements to accounting@ipssa.com.

Choose File

Choose File

No file chosen