

## Ohio 4-H Club/Affiliate Yearly Financial Summary

Due January 31

Program Year \_\_\_\_\_ Club/Affiliate Name \_\_\_\_\_

Bank Name \_\_\_\_\_ EIN \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank City/ST/Zip \_\_\_\_\_

Type of Account (select one):  Checking  Savings  Other (please list) - \_\_\_\_\_

Who is authorized to sign your checks? (must have at least one name, preferably two names)

\_\_\_\_\_

**Beginning Account Balance as of Jan. 1** (should match bank statement) \_\_\_\_\_

### Club/Affiliate Income (please list)

Description (fundraiser, dues, etc.)	Amount		Description (fundraiser, dues, etc.)	Amount
<b>Total Income</b>				

### Club/Affiliate Expenses

Description (books, program fees, etc.)	Amount		Description (books, program fees, etc.)	Amount
<b>Total Expenses</b>				

**Ending Account Balance as of Dec. 31** (should match bank statement) \_\_\_\_\_

Name of person completing form \_\_\_\_\_