



SAMPLE AUDIT REPORT FORM

Assn #: _____ Assn Name: _____ State: _____

The purpose of this form is to notify the association board and members that the association has met its requirement to complete an annual audit and has considered, at a minimum, the items outlined below. **Please be advised, completing this form does not constitute an audit.**

If the association has met the following requirements, please check the appropriate boxes. If the audit committee or outside audit firm finds the association has not completed any of the requirements, do not check the box but indicate how the association will satisfy this requirement in the space provided for "Recommendations." Give a copy of this form to the Association Manager and President.

An audit examination was performed by the _____ (audit committee or outside audit firm name) and was conducted in accordance with generally accepted accounting principles. The _____ (audit committee or outside audit firm name) has examined the financial records of the _____ (association name) for the period _____ (date) through _____ (date).

Incorporation papers were renewed with the State (if applicable).

Recommendations: _____

The appropriate Internal Revenue Service (IRS) forms were filed. **(Please note: all associations are required to file either a 990-N, 990-EZ or 990)**

- | | |
|--|---|
| <input type="checkbox"/> 941 – Employee Income Tax | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 990-N – e-Postcard – Electronic Annual Information Return | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 990 (990-EZ) – Annual Information Return | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 990-T – Unrelated Business Income | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 1099 MISC – Income Paid Non-employee(s) | <input type="checkbox"/> Not applicable |

Other: _____
Recommendations: _____

The appropriate State reports were filed.

Workman's Compensation Tax

Unemployment Tax

Other: _____

Recommendations: _____

President verified accounts monthly.

Recommendations: _____

Full financial disclosure, including salaries, was provided to the membership.

Recommendations: _____

Deposits were made within seven days of receipt.

Recommendations: _____

Withdrawals and payments on association accounts had two signatures.

Recommendations: _____

Processing and transmission of membership was completed within 20 days of receipt.

Recommendations: _____

Receipts were issued. (e. g. for expensed items such as office supplies or to league secretaries upon receiving dues.)

Recommendations: _____

The association has received a gaming license/permit from the State Gaming Board, State Gaming Commission or its equivalent, to conduct games of chance for fundraising purposes (if applicable).

Does not apply.

Recommendations: _____

Based upon our examination, we the undersigned _____
(audit committee or outside audit firm name) consider the financial statements for the period
_____ (date) through _____ (date), to be an accurate
summary of transactions conducted during that period.

Please provide a copy of this report to the:

**Association Board of Directors
Association members**

Sincerely,

Audit Committee Chairman / Outside Auditor

Date

Outside Auditor Firm Name