



California State Foster Parent Association, Inc.
 Representing all California Resource Families
"To Touch A Life Forever"

CHAPTER QUARTERLY FINANCIAL FORM

CHAPTER # _____

DATE _____

YEAR REPORTING _____

CHAPTER NAME _____

1st Quarter: January 1st – March 31st INCOME \$ _____ YEAR TO DATE \$ _____
Due April 15th 1st Quarter

2nd Quarter: April 1st – June 30th INCOME \$ _____ YEAR TO DATE \$ _____
Due July 15th 1st and 2nd Quarter

3rd Quarter: July 1st – Sept 30th INCOME \$ _____ YEAR TO DATE \$ _____
Due October 15th 1st, 2nd and 3rd Quarter

4th Quarter: Oct 1st – Dec 31st INCOME \$ _____ YEAR TO DATE \$ _____
Due January 15th Total Year

This form is required to complete each Chapter’s Federal (IRS) and State (FTB) tax reporting. These reports must be submitted in a timely manner. The income reported needs to be TOTAL INCOME – no expenses should be deducted.

Bank statements, Profit and Loss reports or any other documents may be included or submitted separately. Remember to keep your paperwork for at least three years in the event the IRS or FTB requests an audit of your chapter’s books.

At the end of **each quarter**, this report must be submitted to:

Shelly Best, CSFPA Treasurer
 7028 Scripps Crescent
 Goleta, CA 93117
 Email: Shellybest@hotmail.com