2020-2021
MONTANA PTA
REMITTANCE FORM

REQUIRED:
Membership dues and submission of this completed form (including page 2) submitted by November 1, 2020 to remain in good standing.
Final required dues remittance date is April 1, 2021
PLEASE NOTE: Membership dues may be submitted anytime throughout the year and not just the two required months of November and April.

Unit Name: ___________________________ Date: ______________
Unit Address: ____________________________
(must be permanent PTA address with city and zip)

Number of Members @ $6.00 per member = $ ________
(Attach unit’s membership list when submitting dues)

Montana PTA Programs Contribution (optional) $ ________
*Supports the many programs Montana PTA has to offer to Local Units

Montana PTA Honorary Life Membership Fee $75.00 (optional) $ ________
*Must include Montana PTA Honorary Life Membership Form

TOTAL AMOUNT ENCLOSED $ ________

CHECK MADE PAYABLE TO: MONTANA PTA
Mail check, this form and local membership list to:
Montana PTA
PO BOX 1269
Laurel, MT 59044

Unit Treasurer __________________ Signature ____________________________
Treasurer’s Phone ___________ E-Mail ____________________________

*PLEASE NOTE: The required General Liability Insurance Coverage annual premium of $65 is due directly to AIM Insurance and not to Montana PTA. The individual local PTA Units will receive an invoice from AIM when the insurance premium payment is due (April/May). Additional insurance coverage options will also be available.

MUST COMPLETE BOTH PAGE 1 AND 2 AND RETURN
REQUIRED IRS REPORTING INFORMATION

Required for the Montana PTA Internal Revenue Code 501(c)(3) non-profit group tax exemption; failure to comply with these new reporting requirements may result in revocation of your tax exempt status. All units are now required to file an annual IRS return FORM (990N or 990EZ) on or before the 15th day of the 5th month following the unit’s fiscal year end.

This unit has gross receipts for the 2019-2020 school year of:

☐ Gross receipts under $50,000 and properly filed FORM 990N on-line at www.irs.gov on ____________ date. OR will be filed on ____________ date.

☐ Gross receipts over $50,000 and properly filed FORM 990EZ and Schedule A to the IRS on ____________ date. OR will be filed on ____________ date.

This unit’s fiscal year end is: ________________.

2019-20 Gross Receipts ________________ 2019-20 Estimated Volunteer Hours ____________

As required by MT PTA Bylaws, this unit is incorporated with the State of Montana. YES _____
As required by MT PTA Bylaws, this unit has completed an Annual Financial Review. YES _____

Signature of PTA Officer verifying the above information: ________________________________

Printed Name: ________________________________ PTA Position ________________________________

**Required Attachments:**

- Financial Review Report Form
- Copy of appropriate IRS FORM 990-N or 990EZ