

OHIO STATE UNIVERSITY EXTENSION

Due January 31st

Year \_\_\_\_\_ 4-H Club Name \_\_\_\_\_

County \_\_\_\_\_

Bank Name: \_\_\_\_\_ EIN # \_\_\_\_\_

Bank Account # \_\_\_\_\_

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

Type of Account (Please circle one) Checking Savings Other City Zip Code

Signer's Name (s) (List all names authorized as signers for the account)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Beginning Account balance as of January 1, 20 \_\_\_\_\_ (should match your bank statement)

Empty box for beginning balance

Income (Income Description: list of any incoming money)

Table with 10 rows for income descriptions

Income Amount

Table with 10 rows for income amounts

Total Income

Empty box for total income

Expenses (Expenses Description: list of any outgoing money)

Table with 10 rows for expense descriptions

Expense Amount

Table with 10 rows for expense amounts

Total Expenses

Empty box for total expenses

Ending Account balance as of December 31, 20 \_\_\_\_\_ (should match your bank statement)

Empty box for ending balance

Name of person(s) completing this Yearly Financial Summary:

Two empty lines for name