



## 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)**

☐ 941 – Employee Income Tax

☐ Not applicable

☐ 990-N – e-Postcard – Electronic  
Annual Information Return

☐ Not applicable

☐ 990 (990-EZ) – Annual Information Return

☐ Not applicable

☐ 990-T – Unrelated Business Income

☐ Not applicable

☐ 1099 MISC – Income Paid Non-employee(s)

☐ 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