

New York State Society of Enrolled Agents

Chapter / Committee Budget

For the fiscal year ending June 30, _____

Chapter / Committee (name) _____

Revenue:

Meetings (estimated number _____) \$ _____

Other revenue _____

Expenses:

Postage \$ _____

Stationery, printing _____

Telephone _____

Travel _____

Other _____

Total Expenses \$ _____

Excess (Deficit) Income over Expenses \$ _____

This budget was completed by _____ Date _____

This form must be submitted by November 30th of the current fiscal year.