

## SUPPLEMENTAL CTAR

The information requested on the Supplemental CTAR form is required to be reported to the State Examiner as part of form CTAR beginning for calendar year 2007. Pursuant to IC 5-11-1-4, the State Examiner requires Cities and Towns to prepare, verify, and file with the State Board of Accounts the CTAR form known as the City/Town Annual Report. IC 5-11-1-4 requires this report to be filed with the State Examiner within 60 days after the close of each fiscal year. Because the information requested on this Supplemental CTAR form is necessary for the Controller/Clerk-Treasurer to provide a complete CTAR form to the State, you will have from January 1 through January 30<sup>th</sup> after calendar year end to complete this form and submit it to the Controller/Clerk-Treasurer. An example of a department who would fill out this form would be a city or town court or similar department that accounts for its transactions in a separate bank account not on the city or town's records. This form is to be completed on the cash basis of accounting. Therefore, only receipts and disbursements actually received and disbursed on dates during the calendar year should be reported.

### Part 1 – Contact Information

Please complete the required lines including: City/Town Name, Contact Person, Office, and the Telephone number for the person who can answer questions regarding this completed form. If the person can be contacted by e-mail please include that address as well. This form should be completed for a specific calendar year, which should also be entered in this section of the form.

### Part II – New Accounts

If the office for which this form is being completed opened a new account or has gained the responsibility for a new fund for the calendar year being reported please indicate by putting a check mark in the new fund column of the table.

### Part III – Fund Name

Identify the fund name for which the office is responsible. The fund name should be the name the Controller/Clerk-Treasurer uses to identify the information in the Controller/Clerk-Treasurer's accounting records.

### Part IV – Beginning Balance

This part of the form should report the cash and investment balance at the beginning of the calendar year (January 1). The balance should be reported on the cash basis.

### Part V – Receipts

This part of the form should report the cash receipts received by this fund. Examples of some cash receipts are fees for services, federal grant monies received, etc. The cash receipts should be reported on the cash basis.

#### Part VI – Disbursements

This part of the form should report the cash disbursements made by this fund. The cash disbursements should be reported on the cash basis.

#### Part VII – Ending Balance

This part of the form should report the cash and investment balance at the end of the calendar year (December 31). The balance should be reported on the cash basis. This balance should agree to your cash book or ledger balance on December 31<sup>st</sup>. It should also be the result of adding the beginning balance reported on the form and the receipts reported after subtracting the disbursements entered on the form. (Beg. Balance + Receipts – Disbursements = End. Balance)

#### Part VIII – Certification

Please sign and print your name on the appropriate lines indicating that the information contained on the form is complete and accurate to the best of your knowledge. Include your Title and the date completed.

**RETURN THE COMPLETED FORM TO THE CONTROLLER/CLERK-TREASURER BY JANUARY 30<sup>TH</sup>.**

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**RETURN THE COMPLETED FORM TO THE CLERK-TREASURER BY JANUARY 30<sup>TH</sup>.**

City/Town Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Office Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Year: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**List all accounts/funds managed by this office**

Fund Name	Beginning Balance	Receipts	Disbursements	Ending Balance	New Fund

Certification: This is to certify that the data contained in this report is accurate and agrees with the financial records, to the best of my knowledge and belief.

Signature of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name of Official \_\_\_\_\_ Date Signed: \_\_\_\_\_