



American Legion Auxiliary
Department of North Carolina
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www.alanorthcarolina.com

Unit Audit & Tax Form

Division Number _____ District Number _____

Unit Number and Name: _____

Address: _____

Period for which Audit was Completed: _____

Date Audit was Completed: _____

Taxes Filed: _____

A review of all checks, income receipts, ledgers, and bank statements were reviewed, finding the books to of this Unit are in order and I certify that an Audit was completed.

President's Signature: _____

Audit Committee: _____

This form is to be completed by all Units and signed by the Unit President and all Audit Committee Members no later than August 31st.

This is for your records, Taxes should be filed at www.irs.org by November 15th.