



FINANCIAL REPORT SUBMISSION

State Form 39285 (R7 / 1-17)
Approved by State Board of Accounts, 2017

OFFICE FOR CAREER AND TECHNICAL SCHOOLS

Send this completed form and required attachments in accordance with IC 22-4.1-21-23(1) to: Office for Career and Technical Schools
10 North Senate Avenue, Suite SE 308
Indianapolis, Indiana 46204

If you have any questions concerning this form, contact the Office for Career and Technical Schools at octs@dwd.in.gov.

INSTRUCTIONS: (1) Complete the following information.			
Name of reporting institution		Name of person to contact	
Address of school (number and street, city, state, and ZIP code)			Telephone number ()
Form of organization <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit		Accounting basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other	
Accounting year <input type="checkbox"/> Calendar <input type="checkbox"/> Fiscal	Period covering through	Has accounting basis changed during the past five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain			

(2) Attach a prepared, legible financial statement. This must include an income statement (itemized statement of revenues and expenditures) for the period indicated above, and a balance sheet (itemized statement of assets, liabilities, and equity or fund balance(s)) as of the end of the period. Office for Career and Technical Schools prefers, but does not require, audited financial statements which comply with generally accepted accounting principles.

(3) Please indicate the amount of gross tuition revenues received by the reporting institution from **Indiana residents and/or from all out of state residents instructed within Indiana** for the period indicated above. \$

(4) If the institution is part of a consolidated group, please provide the following information:		
Name of company	State of incorporation	Date of incorporation (month, day, year)
Address (number and street, city, state, and ZIP code)		
This is to certify that _____ owns _____ (Name of parent company) (Name of reporting institution) and that the assets of this consolidation group will be used, if necessary, to insure the financial responsibility of said institution.		
Signature of parent company officer		Date (month, day, year)
Printed or typed name of parent company officer	Title	

(5) Complete and notarize the following:		
NOTARY CERTIFICATE		
STATE OF _____	} SS:	COUNTY OF _____
I, _____, first being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.		
Signature of applicant	Signature of notary public	
Printed or typed name of applicant	Printed or typed name of notary public	
Date subscribed and sworn to notary public (month, day, year)	County of residence	Date commission expires (month, day, year)