

**STATE OF NEW YORK - GOVERNOR'S TRAFFIC SAFETY COMMITTEE
STOP-DWI REPORT OF INCOME AND EXPENDITURES
QUARTER 4 (OCT. - DEC. 20__) AND ANNUAL REPORT - (JAN. - DEC., 20__)**

COUNTY

	<u>INCOME</u>	REPORTED MIDYEAR Q1-Q2 (JAN-JUN)	Q3-Q4 (JUL-DEC)	ANNUAL Q1-Q4 (JAN-DEC)
A	CITY, COUNTY AND DISTRICT COURT FINES RECEIVED: (NET AMOUNT)			\$
B	JUSTICE COURT FUND CHECK RECEIVED (NET AMOUNT)			\$
C	OTHER INCOME (*SPECIFY SOURCE BELOW):			\$
D	<u>TOTAL</u> INCOME RECEIVED DURING THIS PERIOD (LINES A+B+C):			\$

* SOURCE OF OTHER INCOME: (NOTE: FUNDS ACCUMULATED IN STOP-DWI ACCOUNT FROM PRIOR YEARS SHOULD NOT BE INCLUDED AS "OTHER INCOME")

QUARTER 4 (OCT-DEC) EXPENDITURES

TOTAL STOP-DWI EXPENDITURES FOR QUARTER 4: \$ _____

ACTUAL FULL YEAR EXPENDITURES BY PROGRAM COMPONENT

ENFORCEMENT	\$
COURT RELATED	\$
PROBATION	\$
REHABILITATION	\$
P.I. & E.	\$
PROGRAM ADMINISTRATION	\$
TOTAL (MUST AGREE WITH TOTAL EXPENDITURES ABOVE)	\$

***ROLLOVER - ACCOUNT BALANCE ON DEC. 31 20__** \$ _____

I certify that I am authorized to sign on behalf of _____ County STOP-DWI program. I further certify that the figures presented herein are a true and complete accounting of all moneys expended, as described in Section 1197.4(1)(b) of the Vehicle and Traffic Law. I affirm under penalty of Law, that I have read this form and know the contents, and that all answers and statements are true.

SIGNED: _____ **DATE:** _____
STOP-DWI COORDINATOR

SIGNED: _____ **DATE:** _____
COUNTY FISCAL OFFICER

PLEASE ELECTRONICALLY SUBMIT THE COMPLETED FORM BY **May 15, 20__** :

OR VIA EMAIL:
stop.dwi.program@dmv.ny.gov