STATE OF MISSISSIPPI
OFFICE OF THE STATE AUDITOR
Annual Financial Report for Non-Profit Public Water Systems

_____
Annual Report Year Ending (month/year)

NOTE: This report must be prepared for each non profit public water system and must be provided to State Auditor's Office no later than 1 July of each year.

Name of Water System: _____

MDH PWS ID Number(s): _____
(List ID numbers for all water systems included in this report)

A) Receipts

Water bills . . . . . _____
Hook-up charges . . . . . _____
Interest income . . . . . _____
Loans and grants . . . . . _____
Sale of investments . . . . . _____
Other income . . . . . _____

B) Total Receipts . . . . . _____

C) Expenditures

Salaries . . . . . _____
Board per diem . . . . . _____
Fringe benefits . . . . . _____
Office supplies . . . . . _____
Utilities . . . . . _____
Insurance . . . . . _____
Repairs . . . . . _____
Contractual services . . . . . _____
Travel . . . . . _____
Capital outlay . . . . . _____
equipment . . . . . _____
construction . . . . . _____
construction contracts . . . . . _____
Debt payments . . . . . _____
principal . . . . . _____
interest . . . . . _____
Purchase of investments . . . . . _____
Other expenditures . . . . . _____

D) Total Expenditures . . . . . _____

E) Excess Receipts over Expenditures (B minus D) . . . . . _____

	Beginning of Year	End of Year
Cash balance	$ _____	$ _____
Investments	$ _____	$ _____
Debt	$ _____	$ _____

I hereby certify that, to the best of my knowledge, this report is a complete and accurate report of the receipts and expenditures for this non-profit public water system(s). I further certify that, in accordance with Section 79-11-197 Mississippi Code of 1972 Annotated and the corporation's bylaws, an annual meeting of the membership was held: _____.
(Date/Location of Annual Meeting)

_____
Name of Board President (please print or type)

_____ ____/____/____
Signature of Board President *Date*

➔➔ (CONTINUED ON BACK) ←←

Mail completed form to: Technical Assistance Division, State Auditor's Office, P.O. Box 956, Jackson, MS 39205

Annual Non-Profit Public Water System Financial Report to the Office of State Auditor
Name of Public Water System(s): _____
Report Year Ending: _____ (Month/year)

Board of Directors

Name of Board Member	Mailing Address	Term on Board From	Term on Board To
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
		/	/
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		/	/

Name(s) of above referenced Board of Directors who have not, as of this date, completed board member management training program required by Mississippi state law (Section 41-26-101, Mississippi Code of 1972 Annotated).

Name of Board Member	Name of Board Member

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