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APPLICATION FOR EXEMPTION FROM AUDIT - FOR MUNICIPALITIES WITH REVENUES OR EXPENDITURES OF \$100,000 OR LESS

NAME OF GOVERNMENT:	Town of Big Creek	For the Fiscal Year
	Main Street	Ended September 30, 2015
ADDRESS:	P. O. Box 2098	
	Big Creek, MS 38914	
CONTACT PERSON: Doris Flemons		
TELEPHONE: 662-628-6966		
E-MAIL: dkflem62@gmail.com		
FAX:	na	

Return to: State of Mississippi

Office of the State Auditor Technical Assistance Division

P. O. Box 956 Jackson, MS 39205 FAX: (601) 576-2750 Email: tech@osa.ms.gov

Call (800) 321-1275 if you need help completing this form.

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Regulations issued by the Office of the State Auditor explain the requirement to apply for an exemption from audit.

If total revenues or expenditures are \$100,000 or less you may use this form.

Instructions:

In order to ensure that your government's application will be accepted by the Office of the State Auditor, you must do the following:

- Prepare this form completely and accurately. Please note that there are seven parts to this form and all questions
 must be answered for the application to be considered complete.
- 2. File this form with the Office of the State Auditor within **3 months** after the end of the fiscal year. For years ended September 30, the form **must** be in the Office of the State Auditor by December 31.
- The form must be completed by a person skilled in governmental accounting.
- 4. The application may be mailed, faxed, or emailed as indicated above. If faxed or emailed, a resolution of the governing board must accompany the application from exemption from audit in a format that includes the signatures of a majority of the governing body (see sample resolution). If mailed, an original plus one copy should be sent.
- 5. The preparer must sign the application that is submitted in order for it to be accepted.
- 6. Additional information may be attached to the exemption at the preparer's discretion.

	PART 1 - CERTIFICAT	ION OF PREPARER		
1-1	Name: Doris Flemons	Title: Town Clerk		
1-2	Firm name (if applicable):			
1-3	Address: 130 CR 318, Big Creek, MS 38914			
1-4	Date prepared: December 16, 2015	Telephone number:	662-628-6966	
1-5	Signature:			
	The person that completes this form must be skilled in governmenta		Che	ck One
	possessing suffient knowledge of governmental accounting to	complete the exemption forr	n.) Yes	No
1-6	Are you a person skilled in governmental accounting?		XX	
	If no, this exemption will be rejected.			

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	REVENUE: All revenues for all funds must be reflected in this section including proceeds from the sale of the government's land	d buildir	ng end				
	equipment and proceeds from debt or lease transactions.						
			(0.11.				
	Description Taxes: MV Taxes, \$5107; Road Tax \$408. Gasoline Tax \$462.		(Omit cents)				
2-1		\$	5977.				
2-2	Property	\$	10158.	-			
2-3	Sales	\$	3736.				
2-4	Franchise	\$	2304.	-			
2-5	Licenses and permits	\$	60.	-			
2-6	Intergovermental	\$		-			
2-7	Fines	\$	2350.	-			
2-8							
2-9	Payments in lieu of taxe	\$	967.	-			
2-10	Drug forfeitures RECEIVED	\$		-			
2-11	Charges for utility services	\$		-			
2-12	Debt proceeds	\$		-			
2-13	Lease proceeds JAN U 5 ZUIO	\$		-			
2-14	Proceeds from sale of capital assets	\$		-			
2-15	Other (specify): Rent	\$	1700.	-			
2-16	Reimbursements: Aldermen Bonds	\$	500	-			
2-17	Police Training	\$	364	-			
2-18	Calhoun County Fire Rebate:	\$	5010	-			
2-19	Calhoun County Fire Rebate/Fire Runs	\$	7000	-			
2-20		\$	838	-			
	MS Municipa: Fire Protection Municipal Aid		777:				
2-21	TOTAL REVENUE all sources	\$	41041.	-			

	PART 3 - EXPENDITURES(Disbursements-Cash Basis							
	EXPENDITURES: All expenditures for all funds must be reflected in this section including the purchase of fixed and movable assets and							
	principal and interest payments on long-term debt.							
	Description	(Omit cents)						
3-1	Administrative Bonds: (Mayor, Clerk, Police Chief, Aldermen)	\$ 1025.						
3-2	Salaries	\$ 5280						
3-3	Payroll taxes	\$ 1080						
3-4	Contract services (Mowing)	\$ 2700 -						
3-5	Employee benefits	\$ -						
3-6	Insurance REGEIVED	\$ 3273 -						
3-7	Accounting and legal fees	\$ -						
3-8	Repair and maintenance	\$ 311						
3-9	Supplies	\$ 643						
3-10	Utilities and telephone	\$ 7599						
3-11	Police	\$ 3292						
3-12	Fire	\$ 2929 . -						
3-13	Streets and highways \$ -							
3-14	Public health	\$ -						
3-15	Culture and recreation	\$ -						
3-16	Utility operations	\$ -						
3-17	Capital outlay	\$ -						
3-18	Debt service principal	\$ -						
3-19	Debt service interest	\$ -						
3-20	Contribution to pension plan	\$ -						
3-21	Other (specify): Bank Fees	\$ 686						
3-22	Dues	\$ 346						
3-23	Tax Roll Prep	\$ 71						
3-24		\$ -						
3-25	TOTAL EXPENDITURES all categories	\$ 29,235.						

PART 4 - DEBT OUTSTANDING, ISSUED AND RETIRE	D				
Please answer the following questions by marking the appropriate box Yes No					

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4-1										
If yes:	Is the debt repayment schedule at									
	Please complete the following debt Outstand		ing at start	Total iss	sued during fiscal	Total retired	during fiscal	Outstanding at fiscal		
}	schedule, if applicable: of fisca		al year	i year (add)		year	year (less)		year end	
	General obligation bonds	\$	-	\$	-	\$	-	\$	-	
	Revenue bonds	\$	-	\$	-	\$	-	\$	-	
	Notes/loans	\$	-	\$	-	\$	-	\$	-	
	Leases	\$	-	\$	-	\$	-	\$		
	Other (specify):	\$	-	\$	_	\$	-	\$	-	
1										
	Please answer the following que	stions by I	marking the	appropri	ate box		Yes		No	
4-2	Does the municipality have any aut								XX	
	If yes how much?		-	tan dan dan katan			an com			
	If yes, what is the authorization date?						phillia 24			
4-3									XX	
	s: If yes, how much? \$				AND STREET STREET, STR	\$\\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	00.500 SN SN 500.000 40.00		430523654455555555556	
If yes:	If yes, how much?		\$	-				4.20.444.pe22.22		
If yes:	If yes, how much?		\$							

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	Please provide the entity's cash deposit and investment balances.	Checking Accounts	Checking Savings Accounts	Certificates of Deposit	To	otal
5-1	Cash deposits	\$16,178.26	\$ 17,331:24	\$ 10,449.00 -	\$ 43,95	8.50 -
5-2	Investments:	EIVED				
5-3		\$	-			
5-4	IAN	\$	-			
5-5	NAL	\$	-			
5-6	•	\$	-			
5-7	Total Investments	\$				
5-8	Total Cash and Investments	\$ 43,95	8.50 -			
	Please answer the following question by m	arking in the approp	riate box	Yes		Vo
	Are your deposits in an eligible public depository (Sec 27-105-5 & 27-105-353)					

	Please answer the following questions by marking in the appro	Yes	No		
6-1	Do you have land, buildings, and/or equipment?			xx	
6-2	Have you prepared an inventory of your land, buildings, and/or equi	xx			
yes:	If no, please explain:				
	Complete the following table:	Balance - Beginning of the	A all alta?	8.1.4	Balance - End of th
	Land	Year \$10,000.00	Additions S -0	S -0	Year \$ 10,000.00.
	Buildings	\$80,000.00	\$ -0	\$-0	\$ 80,000.00.
	Machinery and equipment	\$25,000.00	\$ -0	\$ -0	\$ 25,000.00-
	Furniture and fixtures	\$ 1.800.00	\$ -0	\$ -0	\$ 1.800.00-
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	PART 7 - BUDGE	T INFORMATIO	N.		
	Please answer the following question by marking in the approp		/N	Yes	No
7-1	Did the municipality approve a budget for fiscal year end 2016?	HIGG DOVES		XX	140
7~1	Inia the municipality approve a budget for fiscal year and 20101		programme a programme de la companie		

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If yes:	Please indicate the amount appropriated for each of your funds for fiscal year end 2016			
•	Fund Name	Budgeted fiscal year end 2016 Expenditures		
}	General Fund	\$ 39,218.		
	Fire Fund	\$ 25,141.		
		-		
		PART 8 - GENERAL INFORMATION		
	Please answer the following question by	marking in the appropriate boxes	Yes	No
	Has the Municipal Compiance Questionnain	re been completed, adopted by your board and now		
	part of your minutes? If no please explain	:		
8-1			XX	

PART 9 - GOVERNING BODY APPROVAL

We, the undersigned, certify that this Application for Exemption from Audit has been:

Prepared consistent with regulations by OSA, which states that an Application with revenues or expenditures of \$100,000 or less **must** be prepared by a person skilled in governmental accounting; Completed to the best of our knowledge and is **accurate** and **true**; Reviewed and approved by a **majority** of the governing body.

	Name (please print or type all current members of the governing body)	Date Term Expires	Signature/
9-1	Dwight Devall, Mayor	06-30-2017	Quest VIII
9-2	Scott Norman, Alderman	06-30-2017	det // se
9-3	Wanda Harrison, Alderman	06-30-2017	Wanda Harrison
9-4	Karen Devall, Alderman	06-30-2017	Krren Delvell
9-5	Ronald Harville, Alderman	06-30-2017	3
9-6	Robert D. Harrison, Alderma	n 06-30-2017	
9-7			
9-8			

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