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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 Montrose, MS	For the Fiscal Year
	P.O. Box 160	Ended September 30, 2015
ADDRESS:	Louin, MS 39338	
CONTACT PERSON:	Carl Matthews	
TELEPHONE:	601-739-3205	
E-MAIL:		
FAX:		

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:

- 1. 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.
- 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.
- 3. 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 - CERTIFICATION OF PREPARER						
1-1	Name: David Dill Title: CPA						
1-2	Firm name (if applicable): Holt and Associates, PLLC						
	Address: 2815 Highway 15 North, Laurel, MS 39440						
1-4	Date prepared: 12/8/15 Telephone number: 601	-649	-3000				
1-5	Signature: Jour of Hill						
	The person that completes this form must be skilled in governmental accounting. (Skilled means		Check One				
	possessing suffient knowledge of governmental accounting to complete the exemption for	m.)	Yes	No			
1-6	Are you a person skilled in governmental accounting?		X				
	If no, this exemption will be rejected.	out or					

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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, buildin	g, and
	equipment and proceeds from debt or lease transactions.		
	Description		(Omit cents)
2-1	Taxes:	\$	-
2-2	Property	\$	6,118-
2-3	Sales	\$	6,003-
2-4	Franchise	\$	5,108-
2-5	Licenses and permits	\$	2,715-
2-6	Intergovermental	\$	4,343-
2-7	Fines	\$	<del>-</del>
2-8	Investment earnings	\$	-
2-9	Payments in lieu of taxe	\$	-
2-10	Drug forfeitures	\$	-
2-11	Charges for utility services	\$	71,250-
2-12	Debt proceeds	\$	400-
2-13	Lease proceeds	\$	1,450-
2-14	Proceeds from sale of capital assets	\$	-
2-15	Other (specify):	\$	-
2-16	Fuel	\$	429-
2-17		\$	-
2-18		\$	-
2-19		\$	-
2-20		\$	-
2-21	TOTAL REVENUE all sources	\$	97,816

	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	\$ 1,944-						
3-2	Salaries	\$ 2,210-						
3-3	Payroll taxes	\$ -						
3-4	Contract services	\$ -						
3-5	Employee benefits	\$ -						
3-6	Insurance	\$ 5,051-						
3-7	Accounting and legal fees	\$ 1,950-						
3-8	Repair and maintenance	\$ -						
	Supplies	\$ 80-						
3-10	Utilities and telephone	\$ 11,211-						
3-11	Police	\$ -						
3-12	Fire	\$ -						
3-13	Streets and highways	\$ -						
3-14	Public health	\$ -						
3-15	Culture and recreation	\$ 300-						
3-16	Utility operations	\$ 70,120-						
3-17	Capital outlay	\$ 3,501-						
3-18	Debt service principal	\$ -						
3-19	Debt service interest	\$ -						
3-20	Contribution to pension plan	\$ -						
3-21	Other (specify): Misc.	\$ 1,200-						
3-22		\$ -						
3-23		\$ -						
3-24		\$ -						
3-25	TOTAL EXPENDITURES all categories	\$ 97,567-						

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

	1

4-1	Do you have outstanding debt?								
If yes:	Is the debt repayment schedule attached?								
	Please complete the following debt Outstanding at star		tstanding at start	То	tal issued during fiscal	Total retired	during fiscal	Outs	tanding at fiscal
	schedule, if applicable:		of fiscal year		year (add)	year (less)		year end	
J	General obligation bonds	\$	-	\$	-	\$	-	\$	-
ĺ	Revenue bonds	\$	-	\$		\$	-	\$	-
	Notes/loans	\$	6180 -	\$	-	\$	1769-	\$	4411-
	Leases	\$	_	\$	-	\$	-	\$	-
	Other (specify):	\$	-	\$	-	\$	-	\$	-
								2333000	erra eranos errorados Procesos errorados
								. 41000440000	<u>jang</u> ananan ang mana
	Please answer the following que	stio	ns by marking the	app	ropriate box		Yes		No
4-2	Does the municipality have any aut	thori	zed, but unissued	debt	?				X
If yes:	If yes, how much?		\$						
ii yes.	If yes, what is the authorization date?							4	
4-3	3 Does the municipality intend to issue debt within the next fiscal year (2016)?								Χ
If yes:	If yes, how much?		\$			***			
			1.,		WATER THE PARTY OF	The second of th			

	Please provide the entity's cash deposit						
	and investment balances.	Checking Accounts		Certificates of Deposit	Tot		
5-1	Cash deposits	\$ 50,800-	\$38,895-	\$ 30,052-	\$ 119,	747-	
5-2	Investments:						
5-3					\$	-	
5-4	RECEIVED						
5-5							
5-6			4444		\$	-	
5-7	Total Investments		JAN	3 5 2016	\$	_	
5-8	Total Cash and Investments				\$	-	
	Please answer the following question by m	arking in the appropr	riate box	Yes	No	)	
5-9	Are your deposits in an eligible public depository (Sec 27-105-5 & 27-105-353)						

Please answer the following questions by marking in	Yes	;	No					
6-1 Do you have land, buildings, and/or equipment?					X			
6-2 Have you prepared an inventory of your land, buildings,	and/or equipment						X	
yes:								
Complete the following table:		nce - ng of the ar	Additio	ons	Deletio	ons	Balance - End	of the
Land	\$	-	\$	-	\$	-	\$	-
Buildings	\$	-	\$	-	\$	-	\$	-
Machinery and equipment	\$	-	\$	-	\$	-	\$	-
Furniture and fixtures	\$		\$	-	\$	-	\$	-
Other (explain):	\$		\$		\$	-	\$	
PART 7 -	BUDGET INFOR	MATIC	ON					
Please answer the following question by marking in			// //		Yes		No	
7-1 Did the municipality approve a budget for fiscal year end	2016?				X			



If yes:	Please indicate the amount app				
	Fund Name Budgeted fiscal year end 2016 Expenditures				
ı	General	\$	28,300-		
	Water	\$	70,160-		
		\$	-		
		PART 8 - GENERAL II	NFORMATION		***
	Please answer the following question	on by marking in the appropriate	boxes	Yes	No
	Has the Municipal Compiance Question	nnaire been completed, adopted b	y your board and now		
	part of your minutes? If no please ex	plain:			
8-1				X	

## **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.

Note: Please list all current members of the governing body. In addition, original signatures <u>must</u> be provided for a majority of those listed.

	Name (please print or type all current members of the governing body)	Date T	erm Expires	Signature
9-1	Cody Blackwell	1 ay	2018	Ed Blacken
9-2	Randy James	may	2018	Rank James
9-3	Kenneth Smith	Man	2018	Kenneth Smith
9-4	Brandon Butler	mai	2018	Brandon Butter
9-5	Robin Lowe	Nan	2018	Palin Tone
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9-7				
9-8				

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