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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 Silver City	For the Fiscal Year Ended September 30, 2015
ADDRESS:	56 Mimms Ave P.O. Box 217 Silver City, MS 39166	
CONTACT PERSON:	GALE ALEXANDER City Clerk	
TELEPHONE:	662-836-7644	
E-MAIL:	GALEX@BELL SOUTH.NET	
FAX:	662-247-4043	

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.

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

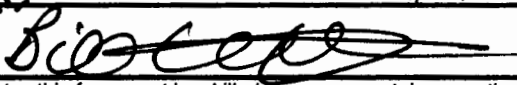
If total revenues or expenditures are \$100,000 or less you may use this form.

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.
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.
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:	B. TI ALEXANDER	Title:	ACCOUNTANT
1-2	Firm name (if applicable):	HOLCOMB CPA FIRM P.A.		
1-3	Address:	P.O. Box 217 Rolling Fork, MS 39159		
1-4	Date prepared:	11/11/15	Telephone number:	662-823-0250
1-5	Signature:			
The person that completes this form must be skilled in governmental accounting. (Skilled means possessing sufficient knowledge of governmental accounting to complete the exemption form.)				Check One
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
1-6	Are you a person skilled in governmental accounting?			
If no, this exemption will be rejected.				



PART 2 - REVENUE(Receipts-Cash Basis)

REVENUE: All revenues for all funds must be reflected in this section including proceeds from the sale of the government's land, building, and equipment and proceeds from debt or lease transactions.

	Description	(Omit cents)
2-1	Taxes:	\$ -
2-2	Property	\$ 12,312
2-3	Sales	\$ -
2-4	Franchise	\$ -
2-5	Licenses and permits	\$ -
2-6	Intergovernmental	\$ -
2-7	Fines	\$ -
2-8	Investment earnings	\$ -
2-9	Payments in lieu of tax	\$ -
2-10	Drug forfeitures	\$ -
2-11	Charges for utility services WATER AND SEWER	\$ 41,200
2-12	Debt proceeds	\$ -
2-13	Lease proceeds	\$ -
2-14	Proceeds from sale of capital assets	\$ -
2-15	Other (specify): GOVERNMENT ENTITIES	\$ 15,792
2-16		\$ -
2-17		\$ -
2-18		\$ -
2-19		\$ -
2-20		\$ -
2-21	SEE ATTACHMENT #2 TOTAL REVENUE all sources	\$ 69,304

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	\$ -
3-2	Salaries	\$ 6,455
3-3	Payroll taxes	\$ -
3-4	Contract services	\$ 18,422
3-5	Employee benefits	\$ 1,945
3-6	Insurance	\$ 3,754
3-7	Accounting and legal fees	\$ 5,400
3-8	Repair and maintenance	\$ 14,014
3-9	Supplies	\$ -
3-10	Utilities and telephone	\$ 14,446
3-11	Police	\$ -
3-12	Fire	\$ -
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	\$ 7,960
3-19	Debt service interest	\$ 3,944
3-20	Contribution to pension plan	\$ -
3-21	Other (specify): (SEE ATTACHMENT # 3-1)	\$ 4,801
3-22	OFFICE Supplies	\$ 1,333
3-23	TRAVEL	\$ 300
3-24		\$ -
3-25	SEE ATTACHMENT #3 TOTAL EXPENDITURES all categories	\$ 64,794



PART 4 - DEBT OUTSTANDING, ISSUED AND RETIRED

Please answer the following questions by marking the appropriate box				Yes	No
4-1	Do you have outstanding debt?			<input checked="" type="checkbox"/>	
If yes:	Is the debt repayment schedule attached? SEE ATTACHMENT # 4			<input checked="" type="checkbox"/>	
	Please complete the following debt schedule, if applicable:				
	Outstanding at start of fiscal year	Total issued during fiscal year (add)	Total retired during fiscal year (less)	Outstanding at fiscal year end	
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/loans	\$ 75,483	\$ -	\$ 7,960	\$ 67,523
	Leases	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	SEE ATTACH # 8				

Please answer the following questions by marking the appropriate box				Yes	No
4-2	Does the municipality have any authorized, but unissued debt?				<input checked="" type="checkbox"/>
If yes:	If yes, how much? \$ -				
	If yes, what is the authorization date?				
4-3	Does the municipality intend to issue debt within the next fiscal year (2016)?				<input checked="" type="checkbox"/>
If yes:	If yes, how much? \$ -				

PART 5 - CASH AND INVESTMENTS HELD AT END OF FISCAL YEAR

Please provide the entity's cash deposit and investment balances.					
	Checking Accounts	Savings Accounts	Certificates of Deposit	Total	
5-1	Cash deposits SEE ATTACH # 5	\$ 32,895	\$ -	\$ -	\$ 32,895
5-2	Investments:				
5-3	PETTY CASH ACCOUNT				\$ 50
5-4					\$ -
5-5					\$ -
5-6					\$ -
5-7	Total Investments				\$ -
5-8	Total Cash and Investments SEE ATTACHMENT # 5				\$ 32,895

Please answer the following question by marking in the appropriate box				Yes	No
5-9	Are your deposits in an eligible public depository (Sec 27-105-5 & 27-105-353)			<input checked="" type="checkbox"/>	
5-10	If no, please explain:				

PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes					
6-1	Do you have land, buildings, and/or equipment?				<input checked="" type="checkbox"/>
6-2	Have you prepared an inventory of your land, buildings, and/or equipment				<input checked="" type="checkbox"/>
If yes:	If no, please explain:				
Complete the following table:					
SEE ATTACHMENT # 6		Balance - Beginning of the Year	Additions	Deletions	Balance - End of the Year
Land		\$ 20,000	\$ -	\$ -	\$ 20,000
Buildings		\$ 15,000	\$ -	\$ -	\$ 15,000
Machinery and equipment		\$ -	\$ -	\$ -	\$ -
Furniture and fixtures		\$ -	\$ -	\$ -	\$ -
Other (explain): COMBINED WATER & SEWER		\$ 833,880	\$ -	\$ -	\$ 833,880



PART 7 - BUDGET INFORMATION

Please answer the following question by marking in the appropriate boxes		Yes	No
7-1	Did the municipality approve a budget for fiscal year end 2016?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7-2	If no, please explain:		
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	
	SEE ATTACHMENT #1	\$ -	
		\$ -	
		\$ -	

PART 8 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate boxes		Yes	No
8-1	Has the Municipal Compliance Questionnaire been completed, adopted by your board and now part of your minutes? If no please explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 must be provided for a majority of those listed.

	Name (please print or type all current members of the governing body)	Date Term Expires	Signature
9-1	Robert A. Hairston, Mayor	Sept/2017	<i>R. A. Hairston</i>
9-2	Hal Bridges	Sept/2017	<i>Harold W. Bridges</i>
9-3	David Glasscock	Sept/2017	<i>David W. Glasscock</i>
9-4	Woodrow Johnson	Sept/2017	<i>Woodrow Johnson</i>
9-5	Camille Hairston	Sept/2017	<i>Camille Hairston</i>
9-6	Jack Reed	Sept/2017	<i>Jack Reed</i>
9-7			
9-8			

