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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 Bic (Reck	For the Fisc	al Year
	P.O. An 2018	Ended Septemb	er 30, 2016
ADDRESS:			
	BIG CREEK MS 38914		
CONTACT PERSON:	Dakis Flemons		
TELEPHONE:	1 do 2-1028-1091 do OR 1 do 2-414-8/57		
E-MAIL:	dKFlem62@ gmail.com		
FAX:	l na		
		Timber & C. News	
Return to: State of Miss		PC P-1	
	State Auditor	KELEI	AED IZ
	sistance Division	DEC 4 5	
P. O. Box 956		DEC 15	2016
Jackson, MS	The state of the s		
FAX: (601) 5	AATAT.		
Email: tech@	Dosa.ms.gov	المداد المعارفين	
Call (800) 32	1-1275 if you need help completing this form.	ed).	The state of the s
the following:  1. Prepare this form comust be answered form.  2. File this form with the ended September 30.  3. The form must be compared to the application may governing board musignatures of a major one copy should be 5. The preparer must.	ompletely and accurately. Please note that there are seven parts to cor the application to be considered complete. The Office of the State Auditor within 3 months after the end of the fis 0, the form must be in the Office of the State Auditor by December completed by a person skilled in governmental accounting. The be mailed, faxed, or emailed as indicated above. If faxed or emailest accompany the application from exemption from audit in a formative of the governing body (see sample resolution). If mailed, an orisent.  sign the application that is submitted in order for it to be accepted. On may be attached to the exemption at the preparer's discretion.	this form and a cal year. For yo 31. led, a resolutio t that includes	II questions ears n of the
	PART 1 - CERTIFICATION OF PREPARER		
Name: DORIS	Femors Title: Town Clerk		
Firm name (if applicable):		<del></del>	<del></del>
Address: P.O. Box	L 2098 Bio Creek MS 38914		
Date prepared: Dec		028-6966	
Signature:	sour tomorn		
	s this form must be skilled in governmental accounting. (Skilled means		Check One
possessing suffient kno	wiedge of governmental accounting to complete the exemption form.	) Yes	No
Are you a nemon skilled in	n governmental accounting?	1 7	

PART 2 - REVENUE(Receipts-Cash Basis)

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 lan-	d. building, and	<del></del>
	equipment and proceeds from debt or lease transactions.	,	
	Description	(Omit cents)	
2-1	Taxes: NV Taxes 4481. Bood Tax 112. Gasoline Tox 462.	\$ 5055.	-
. 2-2	Property Adi toxes 10787: Homestrad 1003: MHAdv 161.	\$ 11957.	-
2-3	Sales	\$ 3671.	-
2-4	Franchise	\$ 22.80,	-
2-5	Licenses and permits	\$ 100.	-
2-6	Intergovermental	\$	-
2-7	Fines	<b>6</b> 655.	-
2-8	Investment earnings	\$1	-
2-9	Payments in lieu of taxe  Drug forfeitures  Drug forfeitures	<u> </u>	-
2-10	Drug forfeitures Drug forfeitures	\$ 554,	-
2-11	Charges for utility services	9	-
2-12	Debt proceeds	<b>1</b> 5	-
2-13	Lease proceeds	\$	-
2-14	Proceeds from sale of capital assets	\$	-
2-15	Other (specify): Rent	\$ 1925.	-
2-16	Keimbursement - Alderman Bonds	\$ 500.	-
2-17	Calbain County Fire Rebate	\$ 5174	-
2-18	Calhoun Cauntul Fire Kuns	\$ 2000,	-
2-19	Sale of used firetruck	ls 3160.	-
2-20	MS Municipal Fire Protection	\$ 988.	•
	Mun Aid	· 77.	
2-21	TOTAL REVENUE all sources	\$ 38,546.	-
		y	
	PART 3 - EXPENDITURES(Disbursements-Cash Basis	5)	
	EXPENDITURES: All expenditures for all funds must be reflected in this section including the purchase of fixed and movable as	sets and	
	principal and interest payments on long-term debt.		
ı			
	Description	(Omit cents)	
2_1	Administrative Boods' (Marion, Glood Davide (high Adaption)	c GAS	_

	PART 3 - EXPENDITURES(Disbursements-Cash Basis	3)
	EXPENDITURES: All expenditures for all funds must be reflected in this section including the purchase of fixed and movable as	sets and
	principal and interest payments on long-term debt.	
L	Description	(Omit cents)
3-1	Administrative Bonds: (Mayor, Cleek, Police Chief, Aldermen)	s 925
3-2	Salaries Police Officeo	s 4680
3-3	Payroll taxes	S 716, -
3-4	Contract services (MOW) (NO)	\$ 23idO, -
3-5	Employee benefits	\$ -
3-6	Insurance FREBID - \$1610. WORKMEN COMD - 9750. Municipity 937	\$ <b>3</b> 287
3-7	Accounting and legal fees   Accountant: 9175. Legal Public Nines \$100.00	\$ 275, -
3-8	Repair and maintenance FIRE TRUCK REMIR Mintenance	\$ 9084.
3-9	Supplies	\$ 656
3-10	Utilities and telephone	\$ 7057
3-11	Police Police School Training \$575°; Police Vehicle Ixo \$730,00	\$ 1297
3-12	Fire Purchase of used fire truck	\$ 6800
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	\$ <b>7</b> 10
3-22	Dues (MMA Dues)	\$ 340 \$ 74
3-23	Tax Roll Preparation	\$ 74
3-24		-
3-25	TOTAL EXPENDITURES all categories	\$ 48267.

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

		-
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If ves:	Do you have outstanding debt? NO Is the debt repayment schedule attached?								
. , ,	Please complete the following debt schedule, if applicable:		ng at start al year	Total issued o	_	1	red during fiscal ar (less)	1	ling at fiscal r end
	General obligation bonds	\$	_	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/loans	\$	<b>-</b>	\$	-	\$	-	\$	-
	Leases	\$	-	\$	-	\$	-	\$	-
	reases								
	Other (specify):	\$		\$	•	\$	-	\$	-
<del> </del>		\$	**	\$		\$	-	\$	-
	Other (specify):  Please answer the following que				×	\$	Yes	A	- No
4-2	Other (specify):				×	\$	Yes	A	No VD
	Other (specify):  Please answer the following que				×	\$	Yes	A	
	Other (specify):  Please answer the following que Does the municipality have any au	thorized, bu			×	\$	Yes	A	
If yes:	Other (specify):  Please answer the following que Does the municipality have any au If yes, how much?	thorized, bu e?	t unissued \$	debt? -		\$	Yes		

	Please provide the entity's cash deposit and investment balances.	Checking Accounts	Savings Accounts	Certificates	of Deposit	To	otal
5-1	Cash deposits	\$ <b>247</b> 04	\$ -0	\$ 10,454	-	\$ 351	58 <b>,</b> -
5-2	Investments:	and the second s	A Fred Magazza				
5-3		10				\$	-
5-4		KE(	<b>JEIVED</b>			\$	-
5-5				11		\$	-
5-6		DEC	1.5 2016	4.5		\$	-
5-7	Total Investments	ij i	-10-0010	N.F.		\$	-
5-8	Total Cash and Investments	: \$		1857		\$ 3519	58.
		N <sub>E</sub> /					
	Please answer the following question by n	narking in the approp	riate box	<i>i. N</i>	Yes	1	No
5-9	Are your deposits in an eligible public depository (Sec 27-105-5 & 27-105-353)						

	PART 6 - CAP	TAL ASSETS			
	Please answer the following questions by marking in the appro	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 equip	pment		X	
If yes:	If no, please explain:		<u> </u>		
	Complete the following table:	Balance - Beginning of the Year	Additions	Deletions	Balance - End of the Year
	Land	\$ 10 000	\$ -0	\$ -0-	\$ 10,000
	Buildings	\$ 80000	\$ -0-	\$ -0-	\$ 80,000, -
	Machinery and equipment	\$ 25.000 -	\$ -0	\$ -0-	\$ 25,000.
	Furniture and fixtures	\$ 1,800,-	\$	\$ -12-	\$ i.200.
	Other (explain):	\$ -0-	\$ -0-	سن. \$	\$ -0
	PART 7 - BUDGE	TINFORMATIC	ON		33-35-44 Anna Daniel Anna Dani
	Please answer the following question by marking in the approp	riate boxes		Yes	No
7-1	Did the municipality approve a budget for fiscal year end 2017?				
7-2	If no, please explain:			Í	

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		·

If yes:	Please indicate the amount app	ropriated for each of your funds for fiscal year end 2017		
,00.	Fund Name Budgeted fiscal year end 2016 Expenditures			
-	Ceneral Fund	\$ 25880 -		
	Fire Fund	\$ 11,900		
<u>.                                    </u>				
L		PART 8 - GENERAL INFORMATION		
		on by marking in the appropriate boxes	Yes	No
	Has the Municipal Compiance Question	nnaire been completed, adopted by your board and now		
1	part of your minutes? If no please ex	plain:	1 ~	
8-1				
L			.1	

## **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** 9-3 9-4 9-5 9-6 9-7



9-8