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

	W	
NAME OF GOVERNMENT:	Village of Satartio	For the Fiscal Year
	P.O. BOY 174	Ended September 30, 2019
ADDRESS:	Satarta, Ms, 3416	<del>L</del>
CONTACT PERSON:	Mary McDaniel	
TELEPHONE:	1001-219-0830	
E-MAIL:	ie med sa amail.	20M
FAX:	1 2	
	<del></del>	
Return to: State of Mississipp	, , , , , , , , , , , , , , , , , , ,	
Office of the State	Auditor	
Technical Assistant	e Division	
P. O. Box 956		
Jackson, MS 39205		
FAX: (601) 576-27	50	
Email: tech@osa.r	ns.gov	
Call (800) 321-127	5 if you need help completing this form.	
	ffice of the State Auditor explain the require	ement to apply for an exemption from audit.
	gr. *	
23		
Instructions:		
In order to ensure that your	government's application will be accepted I	by the Office of the State Auditor, you must do
the following:		
	tely and accurately. Please note that there application to be considered complete.	e are seven parts to this form and all questions
2. File this form with the Off	ice of the State Auditor within <b>3 months</b> after form must be in the Office of the State Au	ter the end of the fiscal year. For years
2 The form must be compl	eted by a person skilled in governmental a	recounting
4. The application may be n	railed faxed or emailed as indicated abo	ve. If faxed or emailed, a resolution of the
governing board must ac	company the application from exemption fi	rom audit in a format that includes the
signatures of a majority of	f the governing body (see sample resolution	on). If mailed, an original plus
one copy should be sent.	, , , , , , , , , , , , , , , , , , ,	
	the application that is submitted in order for	or it to be accepted.
	v be attached to the exemption at the prep	

	PART 1 - CERTIFICATION	N OF PRE	PARER		
1-1	Name: Mary MCDaniel 17	itle: C, 4	y Cler	R	
	Firm name (if applicable):				
1-3	Address: P.O. 130x 174				
1-4	Date prepared:	elephone numb	er: 601-	213-07	130
1-5	Signature: Mary Manual				= 10
	The person that completes this form must be skilled in governmental a				Check One
	possessing suffient knowledge of governmental accounting to co	mplete the exe	mption form.)	Yes	No
1-6	Are you a person skilled in governmental accounting?			v	
	If no, this exemption will be rejected.				

	Description (Omit cents)	
2-1	Taxes: \$ O	
2-2	Property \$	
2-3	Salas	
2-4	Franchise   \$ 1206	-
2-5	Licenses and permits \$	/2
2-6	Intergovermental \$ Q	•
2-7	Fines \$ G	-
2-8	Investment earnings \$ 146	_
2-9	Payments in lieu of taxe \$ C	
2-10	Drug forfeitures (\$ ()	
2-11	Charges for utility services \$ 20,346	
2-12	Debt proceeds \$ 0	
2-13	Lease proceeds \$ Q	
2-14	Proceeds from sale of capital assets	_
2-15	Other (specify):	-
2-16	City Diversion 5 2013	-
2-17		_
2-18	\$	-
2-19	\$	-
2-20	\$	_
	TOTAL REVENUE all sources & 23 711	
2-21	TOTAL REVENUE all sources \$ 0,0,111	_
		_
	PART 3 - EXPENDITURES(Disbursements-Cash Basis)	

800	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 ass principal and interest payments on long-term debt.		d	
	Description		(Omit cents)	
3-1	Administrative	\$	Q	-
3-2	Salaries	\$	Ŏ	(4)
3-3	Payroll taxes	\$	. 0	(₩):
3-4	Contract services MML(317,) MML (244.52)	\$	(0.1)	
3-5	Employee benefits	\$		
3-6	Insurance Chido C 500++ (2.005) + BONDS (750,00)	\$	2,755	-
3-7	Accounting and legal fees Richard (Sahman)	\$	250.	
3-8	Repair and maintenance Delta Hard War E(179, 64) DAVIS (53,49) 1854	\$	5,078	. *S
3-9	Supplies P.O. (2.29.50) 114 mart (119.82) 114 mart (62.31)	\$	411	_ = _
3-10	Utilities and telephone VOZOO VANEU GECTIC	\$	4.003	
3-11	Police Supplies - Consolidated - 624.70 Jennings Forcing - 130.00	\$	774	
3-12	5400 lies - De W-352,34 /MOHIOS Ch Workne-335	\$	689	•
3-13	Streets and highways	\$	D.	*
3-14	Public health Quality Wate Analysi's	\$	162	-
3-15	Culture and recreation /	\$	0	-
3-16	Utility operations	\$	<u> </u>	-
3-17	Capital outlay	\$	Q	34
3-18	Debt service principal	\$	9	(e):
3-19	Debt service interest	\$	0	-
3-20	Contribution to pension plan	\$	1,0	
3-21	Other (specify): NH raw 120112 - 1449.82	\$	1,444	_ (€
3-22		\$		
3-23		\$		
3-24		\$		
3-25	TOTAL EXPENDITURES all categories	\$	16,182	-

PART 4 - DEBT OUTSTANDING, ISSUED AND RET	IRED	
Please answer the following questions by marking the appropriate box	Yes	(No/

4-1	Do you have outstanding debt?						No		
If ves:	Is the debt repayment schedule att	ached?							
	Please complete the following debt schedule, if applicable:	Outstand	ling at start cal year		sued during fiscal year (add)	Total retired year	during fiscal (less)	Outstanding year e	
	General obligation bonds	\$		\$		\$	(idea	\$	
	Revenue bonds	\$		\$		\$	100	\$	
	Notes/loans	\$	•	\$		\$	(e)	\$	-
	Leases	\$	•	\$		\$		\$	- 2
	Other (specify):	\$	•	\$	anna ann an a	\$	-	\$	
Q.									
	Please answer the following que	stions by	marking the	appropri	ate box		Yes	No	
4-2	Does the municipality have any au	thorized, b	ut unissued	debt?				-	And the same
	If yes, how much?		\$	Ÿ	<b>清楚</b> 经通用情况				
If yes:	If yes, what is the authorization dat	e?						ACTUAL PROPERTY.	26 10 264
4-3	Does the municipality intend to issu		hin the next	fiscal year	?	5.4413.55		1	
	If yes, how much?		\$	<u>=</u>					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-						

	Please provide the entity's cash deposit and investment balances.	Checking Accounts	Savings Accounts	Certificates of Deposit	Total	
5-1	Cash deposits	\$5,734-83	\$61,8233	\$ 6,213 -15	\$13774	, 3
5-2	Investments:	- G				
5-3					\$	-
5-4					\$	
5-5					\$	15
5-6					\$	0.4
5-7	Total Investments				\$ 10100	-
5-8	Total Cash and Investments				15 7377	231
	Please answer the following question by r	narking in the approp	riate box	Yes	No	
5-9	Are your deposits in an eligible public depository (Sec 27-105-5 & 27-105-353)					

	Di the fellowine acceptions by man	Line in the appropriate hoves		Yes	No	
	Please answer the following questions by mar	king in the appropriate boxes		103		
6-1	Do you have land, buildings, and/or equipment?	w 17		-		
6-2	Have you prepared an inventory of your land, buil	dings, and/or equipment				
f yes:	If no, please explain:				1000- VIII- VIII- VIII-	
	Complete the following table:	Balance - Beginning of the Year	Additions	Deletions	Balance - End of th Year	
	Land	\$ 3.037-	\$ -	\$ -	\$ 3,037 -	
	Buildings	\$ 35509-	\$ -	\$ -	\$ 35,503 -	
	Machinery and equipment	\$ 382 873	\$ -	\$ -	\$ 302 893	
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -	
	Other (explain):	\$ -	\$ -	\$ -	\$ -	
	Other (explain):	T 7 - BUDGET INFORMATIO		-	\$	
	Please answer the following question by mark	ing in the appropriate boxes		Yes	No	
7-1				V		
7-1 Did the municipality approve a budget for the next fiscal year end? 7-2 If no, please explain:						

f yes:	Please indicate the amount appropriated				
	Fund Name	Budgeted fiscal year end Expenditures			
	General turd	\$			
	Will System	\$			
		\$			
	PA	RT 8 - GENERAL INFORMATION			
	Please answer the following question by many	arking in the appropriate boxes	Yes	No	
8-1	Has the Municipal Compiance Questionnaire be part of your minutes? If no please explain:	peen completed, adopted by your board and now			
	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 Term Expires	Signature
9-1	Kathy Nesbit	6/2021	Kthy Reht
9-2	Barber McDaniel	10/2021	Barler masains
9-3	Marquerite Vinson	6/2021	Margint Visso
9-4	Carol Parrett	6/2021	Carol Parrett
9-5			
9-6			
9-7			
9-8	*		e