OFFICE OF THE STATE AUDITOR REPORT NOTE:

Section 7-7-211, Mississippi Code Annotated (1972) gives the Office of the State Auditor the authority to audit, with the exception of municipalities, any governmental entity in the state. In the case of municipalities, Section 21-35-31, Mississippi Code Annotated (1972) requires municipalities to obtain an annual audit performed by a private CPA firm and submit that audit report to the Office of the State Auditor. The Office of the State Auditor files these audit reports for review in case questions arise related to the municipality.

As a result, the following document was not prepared by the Office of the State Auditor. Instead, it was prepared by a private CPA firm and submitted to the Office of the State Auditor. The document was placed on this web page as it was submitted and no review of the report was performed by the Office of the State Auditor prior to finalization of the report. The Office of the State Auditor assumes no responsibility for its content or for any errors located in the document. Any questions of accuracy or authenticity concerning this document should be submitted to the CPA firm that prepared the document. The name and address of the CPA firm appears in the document.

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

NAME OF GOVERNMENT:	TOWN OF ALLIGATOR	For the Fiscal Year
	13 LAKE ST	Ended September 30, 2021
ADDRESS:	PO BOX 26	
	ALLIGATOR, MS 38720	
CONTACT PERSON:	GLENDA ROSS	
TELEPHONE:	662-624-5737	
E-MAIL:	townofalligatorms@gmail.com	
FAX:	662-624-5737	

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 <u>must</u> be in the Office of the State Auditor by December 31.
- 3. The form <u>must</u> 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 <u>preparer must sign</u> 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: ELLA B. JOHNSON Title: CERTIFIED MUNICIPAL CLE	RK, PUBLIC A	CCOUNTANT				
1-2	Firm name (if applicable): JOHNSON ACCOUNTING & TAX SERVICES						
	Address: 119 GREENRIDGE DR, MADISON MS, 39110						
1-4	Date prepared: January 17, 2023 Telephone number: 662-347-57	773					
1-5	Signature: JUB B. Johnson						
	The person that completes this form must be skilled in governmental accounting. (Skilled means	(Check One				
	possessing sufficient knowledge of governmental accounting to complete the exemption form.)	Yes	No				
1-6	Are you a person skilled in governmental accounting?	X					
	If no, this exemption will be rejected.						

1	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.
١	

	Description	(Omit cents)	
2-1	Taxes:	\$	-
2-2	Property: City, County, and Bus	\$9,005	-
2-3	Sales	\$2,190	-
2-4	Franchise	\$1,699	-
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 WF	\$31,845	-
2-12	Debt proceeds	\$	-
2-13	Lease proceeds	\$	-
2-14	Proceeds from sale of capital assets	\$	-
2-15	Other (specify): State Shared Revenue	\$2,289	-
2-16	Other Revenue	\$402-	
2-17	Modernization	\$24,055	-
2-18	ARPA	\$ 22,987	
2-19	Garbage	\$6,656	_
2-20		\$	-
2-21	TOTAL REVENUE all sources	\$101,128	_

			PAR	T 3 - EXP	ENDITU	RES(Di	sbursements	-Cash Basi	s)	
	EXPENDITUR			funds must be re ents on long-ten		section include	ling the purchase of fixe	d and movable asse	ets and	
					escription				(Omit	cents)
3-1	Administra	tive							\$	-
3-2	Salaries								\$16,629	-
3-3	Payroll tax	es							\$	
3-4	Contract se	ervices							\$19,905	-
3-5	Employee	benefits							\$	-
3-6	Insurance								\$	-
3-7	Accounting	and legal	fees						\$	-
3-8	Repair and	maintena	nce						\$	-
3-9	Supplies								\$8,468	-
3-10	Utilities an	nd telephor	ne						\$8,251	•
3-11	Police								\$	-
3-12	Fire								\$1,220	
3-13	Streets and	d highways							\$	
3-14	Public hea	lth							\$	-
3-15	Culture an	d recreation	n						\$	-
	Utility ope								\$	-
	Capital out								\$	-
	Debt service		l						\$	-
3-19	Debt service	ce interest								-
3-20	Contribution	on to pensi	on plan						\$	-
3-21	Other (spe	cify):		Other Services, C	Charges, and M	IISC			\$17,217	-
3-22	Garbage								\$6,481	-
3-23										
3-24									\$	
3-25					TOT	AL EXP	ENDITURES	all categories	\$78,171	

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?	YES							
If yes:	Is the debt repayment schedule	attached?							
	Please complete the following debt	Outstanding	at start	Total issu	ed during fiscal	Total ret	ired during fiscal	Outstanding	at fiscal
	schedule, if applicable:	of fiscal	year	ye	year (add)		ear (less)	year end	
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
_	Notes/loans	\$31,058	-	\$		\$0	-	\$31,058	-
	Leases	\$	-	\$		\$	-	\$	-
	Other (specify):	\$		\$	-	\$	-	\$	-
	Please answer the following gue	estions by ma	arking th	e appropri	ate box		Yes	No	
4-2	Please answer the following que Does the municipality have any						Yes	No	
	Please answer the following que Does the municipality have any If yes, how much?						Yes		
	Does the municipality have any	authorized,			NO	Machine and the			
If yes:	Does the municipality have any If yes, how much?	authorized,	but unis	sued debt? -	NO P NO				

	Please provide the entity's cash deposit and investment balances.	Checking Accounts	Savings Accounts	Certificates of I	Deposit	Tota	ı
5-1	Cash deposits	\$27,104 -	\$ -	\$31,058	-	\$58,162	
5-2	Investments:	•					
5-3						\$	
5-4						\$	-
5-5						\$	-
5-6						\$	-
5-7	Total Investments					\$	-
5-8	Total Cash and Investments					\$	-
	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)							

	Please answer the following questions by marking	in the appropriate bo	xes		Yes	No
6-1	Do you have land, buildings, and/or equipment?	X				
	Have you prepared an inventory of your land, buildings	and/or equipment			+	X
6-2		, and/or equipment				
r yes.	If no, please explain: THE TOWN DOES NOT HAVE INVENTORY OF FIXE	D ASSETS.				
	Complete the following table:	Deletions	Balance - End of the Year			
		Ye	ear	Additions	Deletions	
	Land	\$	-	\$ -	\$ -	\$ -
	Buildings	\$	-	\$ -	\$ -	\$ -
	Machinery and equipment	\$	-	\$ -	\$ -	\$ -
	Furniture and fixtures	\$	-	\$ -	\$ -	-
	Other (explain):	\$	-	\$ -	\$ -	-
	PART 7 -	BUDGET INFO	RMATIC	NC		
	Please answer the following question by marking in	the appropriate box	ces		Yes	No
7-1	Did the municipality approve a budget for the next fisca				X	
/-1						

			with the particular and	····
H yes	Please indicate the amount app	ropriated for each of your funds for the next fiscal year end?		
	L Fund Name	Budgeted fiscal year end Expenditures		
1	WATER FLIND	\$56,187		
1	GENERAL FUND	\$33,855 -	E 32 2 2	
		\$ 90,042	15-1172 S	
		PART 8 - GENERAL INFORMATION		
	Please answer the following ques	tion by marking in the appropriate boxes	Yes	No
	Has the Municipal Compliance Ques	tionnaire been completed, adopted by your board and now		X
		xplain: THE MUNICIPAL COMPLIANCE		
8-1	QUESTIONNAIRE WAS NOT ADO	PTED BY THE BOARD AND WAS NOT PART OF THE		
		PLIANCE QUESTIONNAIRE WILL BE PLACED ON		
		GULAR MEETING FOR ADOPTION FY ENDING		

PART 9 - GOVERNING BODY APPROVAL We, the undersigned, certify that this Application for Exemption from Audit has been: ${\bf Prepared consistent with regulations by OSA, which states that an application with revenues or {\bf Prepared consistent with revenues or {\bf Prepared consistent with regulations by OSA, which states that an application with revenues or {\bf Prepared consistent with regulations by OSA, which states that an application with revenues or {\bf Prepared consistent with regulations by OSA, which states that an application with revenues or {\bf Prepared consistent with revenue with revenue with revenue {\bf Prepared consistent with revenue {\bf Prepared consistent$ 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 JUNE 12, 2023 TOMMIET, BROWN AUGUST 5, 2023 CARL L. RILEY 9-2 JULY 6, 2023 RICARDO BUTLER AUGUST 23, 2023 ROBERTA FAVA, UI IULY 9, 2023 GLENDA C. ROSS 9-5 9-6 9-7