

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 Silver City	For the Fiscal Year Ended September 30, 2021
ADDRESS:	P.O. Box 117 Silver city, MS 39166	
CONTACT PERSON:	Robert A. Hairston, Mayor	
TELEPHONE:	662-836-8431	
E-MAIL:	bgkalex@Bellsouth.Net	
FAX:	662-873-0220	

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: Bill Alexander	Title: Accountant
1-2	Firm name (if applicable): Holcomb CPA Firm, PA	
1-3	Address: P.O. Box 217 Rollingfork, MS 39159	
1-4	Date prepared: 12/7/2021	Telephone number: 662-873-0250
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	\$ 55,891 -
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	\$ 41,814 -
2-12	Debt proceeds	\$ -
2-13	Lease proceeds	\$ -
2-14	Proceeds from sale of capital assets	\$ -
2-15	Other (specify): ARPA GRANT FUNDS	\$ 26,250 -
2-16		\$ -
2-17		\$ -
2-18		\$ -
2-19		\$ -
2-20		\$ -
2-21	TOTAL REVENUE all sources	\$ 123,955 -

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	\$ 3,843 -
3-3	Payroll taxes	\$ -
3-4	Contract services	\$ 14,730 -
3-5	Employee benefits	\$ -
3-6	Insurance	\$ 4,704 -
3-7	Accounting and legal fees	\$ -
3-8	Repair and maintenance	\$ 12,493 -
3-9	Supplies	\$ -
3-10	Utilities and telephone	\$ 8,556 -
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	\$ 9,334 -
3-19	Debt service interest	\$ 794 -
3-20	Contribution to pension plan	\$ -
3-21	Other (specify): See Attached	\$ 11,798 -
3-22		\$ -
3-23		\$ -
3-24		\$ -
3-25	TOTAL EXPENDITURES all categories	\$ 66,252 -

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"/>	<input type="checkbox"/>
If yes:	Is the debt repayment schedule attached?				<input checked="" type="checkbox"/>	<input 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		\$ 21,821 -	\$ -	\$ 9,334 -	\$ 12,487 -
	Leases		\$ -	\$ -	\$ -	\$ -
	Other (specify):		\$ -	\$ -	\$ -	\$ -
Please answer the following questions by marking the appropriate box					Yes	No
4-2	Does the municipality have any authorized, but unissued debt?				<input type="checkbox"/>	<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?				<input type="checkbox"/>	<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.					Total
	Checking Accounts	Savings Accounts	Certificates of Deposit		
5-1	Cash deposits	\$ 97,228 -	\$ -	\$ -	\$ 97,228 -
5-2	Investments:				
5-3					
5-4					
5-5					
5-6					
5-7	Total Investments				
5-8	Total Cash and Investments	\$ 97,228 -			
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"/>	<input type="checkbox"/>
5-10	If no, please explain:				

PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes					Yes	No
6-1	Do you have land, buildings, and/or equipment?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
6-2	Have you prepared an inventory of your land, buildings, and/or equipment				<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	If no, please explain:					
Complete the following table:		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): WATER, SEWER, AND TREATMENT SYSTEMS		\$ 835,880 -	\$ -	\$ -	\$ 835,880 -	

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 the next fiscal year end?		<input checked="" type="checkbox"/>	
7-2	If no, please explain:			
If yes:	Please indicate the amount appropriated for each of your funds for the next fiscal year end?			
	Fund Name	Budgeted fiscal year end Expenditures		
	Debt Service	\$ 12,487		
		\$ -		
		\$ -		
		\$ -		

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"/>	

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. Hariston, Mayor	6/2025	<i>R.A. Hariston</i>
9-2	Hal Bridges	6/2025	<i>Hal Bridges</i>
9-3	Jack Reed	6/2025	<i>John R. Reed</i>
9-4	Camille H. Rodgers	6/2025	<i>Camille H. Rodgers</i>
9-5	Irene Hall	6/2025	<i>Irene Hall</i>
9-6	Jerry W. McLendon	6/2025	<i>Jerry W. McLendon</i>
9-7			
9-8			