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

	and the second se				the second se
NAME OF GOV	/ERNMENT:	TOWN OF THAXTON		For the Fisc	
ADDRESS			End	ed September 3	30, 2021
ADDRESS:		P O BOX 56			
		THAXTON, MS 38871			
CONTACT PER	SON:	SAMMIE JAGGERS			
TELEPHONE:		(662) 489-4888			
E-MAIL:		OKEEMCDONALD@YAHOO.COM			
FAX:		(662) 489-0098			
Determine the Ci					
	ate of Mississippi				
	ffice of the State A echnical Assistanc				
		Division			
	O. Box 956				
	ckson, MS 39205	2			
	AX: (601) 576-275				
	mail: tech@osa.m				
Ci	all (800) 321-1275	if you need help completing this form.			
If total rever					
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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	1	(Omit cents)	-
2-1	Taxes:		\$	(onne cents)	-
2-2		Property	\$		
2-3	]	Sales	\$		
2-4	1	Franchise	\$	11 224	
2-5	Licenses a	and permits	\$	<u> </u>	
2-6	Intergove	\$			
2-7	Fines		\$	44,281	
2-8	Investme	nt earnings	\$	47	
2-9		in lieu of taxe	\$	17	-
2-10	Drug forfe	eitures	\$		
2-11	Charges for	or utility services	\$		
2-12	Debt proc		\$		
2-13	Lease pro		\$		
2-14	Proceeds	from sale of capital assets	\$		
2-15	Other (sp		\$		-
2-16	FACILITIE		\$	500	
2-17	DONATIC	NS AND FUNDRAISERS	\$	2,163	
2-18			\$	2,400	
2-19			the subscription is a subscription of the subs		10-
2-20			\$ \$		
			Ş		
2-21		TOTAL REVENUE all sources	Ś	61,010	

	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 a principal and interest payments on long-term debt.	ssets and	
	Description	1	(Omit cents)
3-1	Administrative	\$	
3-2	Salaries	\$	10,200 -
3-3	Payroll taxes	\$	1,029 -
3-4	Contract services	\$	
3-5	Employee benefits	\$	-
3-6	Insurance	\$	4,578 -
3-7	Accounting and legal fees	\$	200 -
3-8	Repair and maintenance	\$	200
3-9	Supplies	\$	2,068 -
3-10	Utilities and telephone	\$	2,492 -
3-11	Police	\$	3,388 -
	Fire	\$	1.844 -
3-13	Streets and highways	\$	6,766 -
3-14	Public health	\$	0,700 -
3-15	Culture and recreation	\$	23,089 -
3-16	Jtility operations	\$	
8-17	Capital outlay	\$	5,506 -
3-18	Debt service principal	\$	the state of the s
8-19	Debt service interest	\$	<u> </u>
3-20	Contribution to pension plan	\$	and a second with a first second s
3-21	Other (specify):	\$	-
3-22		\$	-
-23		\$	-
-24		\$	-
-25	TOTAL EXPENDITURES all categories		66,710 -

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

If yes	Is the debt repayment schedule at	X	_								
	Please complete the following debt Outstand schedule, if applicable: of fise			ding at start Total issued during fiscal Total retired scal year year (add) year (						X Outstanding at fisc year end	
	General obligation bonds	\$		-	\$		-	Ś		ć	
	Revenue bonds	\$		-	\$		-	Ś		2	-
	Notes/loans	\$	12,470	-	\$	-0-	-	Ś	5,256 -	2 6	7.044
	Leases	\$		-	Ś		-	ć		2	7,214-
	Other (specify):	ć			+			\$	-	\$	=
	other (specify).	15		-	15		-	C			
	other (specify).	Ş		-	\$		-	\$		\$	-
4-2	Please answer the following que	\$ stions	by markir	ng the	appropriat	te box		Ş	Yes	\$	No
	Please answer the following ques Does the municipality have any aut	\$ stions	d, but unis	ng the	appropriat	te box		\$		\$	No X
f ves	Please answer the following ques Does the municipality have any aut If yes, how much?	thorize	by markir d, but unis \$	ng the	appropriat	te box		Ş		\$	
If yes:	Please answer the following ques Does the municipality have any aut If yes, how much? If yes, what is the authorization date	thorize	d, but unis \$	sued	e appropria debt? -			Ş		\$	
lf yes: 4-3	Please answer the following ques Does the municipality have any aut If yes, how much?	thorize	d, but unis \$	sued	e appropria debt? -			Ş		\$	

	PART 5 - CASH AN Please provide the entity's cash deposit and investment balances.		king Acco			ngs Accounts		cates of Deposit	T.4.1
5-1	Cash deposits	Ś	4,625		ć	and the second se	ć	cates of Deposit	 Total
5-2	Investments:	14	4,025	-	2	5,524 -	\$	-	\$ 10,149
5-3									
5-4									\$
5-5			indiana aproximation						\$
5-6									\$
5-7	Total Investments								\$
5-8	Total Cash and Investments				-				\$
					-				\$ 10,149
	Please answer the following question by m	arking	in the an	nron	rinto h	- W			 
5-9	Please answer the following question by marking in the appropriate box Yes   Are your deposits in an eligible public depository (Sec 27-105-5 & 27-105-353) X						No		
5-10	If no, please explain:		27-103-0	0 & 21	-105-3	353)		X	

4	Please answer the following questions by marking in the appropriate boxes							Yes		No
-1	Do you have land, buildings, and/or equipment?						+	X		NU
-2	Have you prepared an inventory of your land, buildings, and/or equipment									
es:	If no, please explain:							X	1	
	Complete the following table:		Balance							
	Land	Be	ginning of Year	the		Additions	Deletions		Balance - End of t Year	
	Buildings	\$	7,500	-	\$	- 1	\$	-	\$	7,500 -
	Machinery and equipment	\$	70,433	-	\$	-	\$	-	\$	70,433 -
ł	Furniture and fixtures	\$	165,495	-	\$	5,506 -	\$	-	\$	171,001 -
	Other (explain):	\$	5,572	-	\$	-	\$	-	\$	5,572 -
		Ş		-	\$	-	\$	-	S	

	Fund Name	priated for each of your funds for the next fiscal year end? Budgeted fiscal year end Expenditures		
	GENERAL FUND	\$ 79,807		
		\$	Contraction of the second second	
_		\$	and the second second second second	
_		PART 8 - GENERAL INFORMATION	and the second structure second second	
	Please answer the following questio	n by marking in the appropriate boxes	Yes	No
	Has the Municipal Complance Question	naire been completed, adopted by your board and now		NO
	part of your minutes? If no please exp	lain:	X	
	· · · · · · · · · · · · · · · · · · ·			
8-1				

	PART 9 - GOVERNING BODY APPROVAL										
	We, the undersigned, certify that this Application for Exemption from Audit has been:										
	ive, the unit	Prepared consistent with an end	ation for Exemption fro	om Audit has been:							
1		expenditures of \$100,000	tions by OSA, which sta	ites that an Application with revenues or							
-	expenditures of \$100,000 or less <b>must</b> be prepared by a person skilled in governmental accounting;										
1	completed to the best of our knowledge and is accurate and true:										
	Reviewed and approved by a <b>majority</b> of the governing body.										
	Note:	Please list all current me	mbers of the gove	rning body. In addition, original signatures must be							
			provided for a ma	jority of those listed.							
	Name (p	lease print or type all current									
	memb	ers of the governing body)	Date Term Expires	Signature							
	0										
9-1	Steve Mic	oss, Mayor	06/30/2025	Shere Mass							
				2 Mile 1 Car							
9-2	Jeffrey C	oleman, Alderman	06/30/2025	Jeffry Callemon							
				1 1 Car cut cit							
9-3	Kim Gillia	am, Alderman	06/30/2025	Lu Lillia D							
				4m Dullam							
9-4	Grant Go	och, Alderman	06/30/2025								
			000012020	nali							
9-5	Edward N	/linier, Alderman	06/30/2025	S (a ( )b / /							
			00/00/2020	( Sell me							
9-6	Brandon	Moody, Alderman	06/30/2025	R. I. M. J							
			00/00/2020	pranden Ir ado							
9-7	Sammie .	Jaggers, Clerk									
				Mammie Gazers							
9-8											