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

	Willage or Satartia, MS	For the Fiscal Year
NAME OF GOVERNMENT:	Ended St	eptember 30, <u>33</u>
	PO DOL 19	
ADDRESS:	Satartia, NS 31162	
CONTACT PERSON:	Hope Burton	
TELEPHONE:	601-826-9941	
E-MAIL:	ahone Kennedy @ yahoo: com	1
FAX:		
Return to: State of Mississippi		
Office of the State Au	ditor	
Quality Assurance - N		
P. O. Box 956		
Jackson, MS 39205		
Email: municipal.rep	orts@osa ms.gov	
email. municipalite	or (601) 576-2657 if you need help completing this form.	
Basulations issued by the Offi	ce of the State Auditor explain the requirement to apply for an exc	emption from audit.
If total revenues or expendit	ures are \$100,000 or less you may use this form.	
Il total levellado di experiori		
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Instructions:		
In order to ensure that your do	overnment's application will be accepted by the Office of the State	Auditor, you must do
1 Prepare this form complete	ely and accurately. Please note that there are seven parts to this	form and all questions
a File this form with the Office	of the State Auditor Within 3 months after the end of the nood.	year. For years
2. File this form with the only	form <u>must</u> be in the Office of the State Auditor by December 31.	
	to the same of skilled in devertigental accounting.	
		, a resolution of the
4. The application may be in	company the application from exemption from audit in a format the	at includes the
governing board must acc	the governing body (see sample resolution). If mailed, an original	al plus
signatures of a majority of	the governing body (see sample resolution).	•
one copy should be sent.	the application that is submitted in order for it to be accepted.	
5. The <u>preparer must sign</u>	the application that is submitted in order for it to be accepted.	
6. Additional information ma	y be attached to the exemption at the preparer's discretion.	
	PART 1 - CERTIFICATION OF PREPARER	
1 Name: Name Butto	1 2 2 2 2 CM 2 2 1	
Firm name (if applicable):		
	Satarta, MS 39162	
Address: VOBOV, 174 Date prepared: (130 6	I The base sumbors	26-9941
eine en exp	10 Barton)	
The server that completes this	form must be skilled in governmental accounting. (Skilled means	Check One
I ne person that completes this	ge of governmental accounting to complete the exemption form.)	Yes No
possessing sument knowled	g g	Yes No
6 Are you a person skilled in gov	ernmental accounting?	
If no this exemption will be I		

	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		\$	Q	
2-1	Property	\$		-
2-3	Sales	\$	2000	
2-4	Franchise	\$	302.85	
2-5	Licenses and permits	\$	0	-
2-6	Intergovermental	\$	\sim	
2-7	Fines	\$	<u> </u>	-
2-8	Investment earnings	\$		-
2-9	Payments in lieu of taxe	\$	- K	-
2-10	Drug forfeitures	\$	1138,93	-
2-11	Charges for utility services	\$	6	-
2-12	Debt proceeds	\$	Ô	-
2-13	Lease proceeds	\$	0	-
2-14	Proceeds from sale of capital assets	\$	68.45	-
2-15	Other (specify): Miscella 100110	\$	1260,26	-
2-16	Cetter Devision	\$	604257	-
2-17	of take on Ms	\$	097030	-
2-18		\$		-
2-19		\$		-
2-20		Ť		
2-21	TOTAL REVENUE all sources	\$	9713.06	
2-21				

	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 asset	ts and				
1	principal and interest payments on long-term debt.					
	Description	(Omit cents)				
2 /	A L. V. Jacking					
	Administrative	\$ 0 -				
	Salaries	\$ 0 -				
	Payroll taxes	\$ 0 -				
3-4	Contract services	\$ 0 -				
3-5	Employee benefits	\$ 2845,00 -				
	Insurance Scott Insurance Bonds & Insurance	\$ O -				
3-7	Accounting and legal fees	\$ 26.99 -				
3-8	Renair and maintenance (A) D TO (100), FOX (2000)	\$ 8707.12 -				
3-9	Supplies Charles Completes of the complete of					
3-10	36.26					
3-11	POTE US Past office 336926	\$ 112.74 -				
3-12	INS 811 3,56, MS ROA Membership	\$ 0 -				
3-13	Streets and highways	\$ 111.00 -				
3-14	Public health					
3-15	Culture and recreation	\$ 0 -				
3-16	Utility operations	\$ 0				
3-17	Capital outlay	\$ 5				
3-18	Debt service principal	\$ -				
3-19	Debt service interest	\$ 0 -				
3-20	Contribution to pension plan	\$ 611.01				
3-21	Other (specify): WML 511.01; CMPDD - 100	\$ -				
3-22	,	\$ -				
3-23		\$ -				
3-24						
	TOTAL EXPENDITURES all categories	\$ 10,113,95				
3-25						

			STANDING, ISSUED		Yes	No	
Please answer the following questions by marking the appropriate box						XXX	
4-1	Oo you have outstanding debt?					1.17	
f yes:	Is the debt repayment schedule att Please complete the following debt schedule, if applicable: General obligation bonds Revenue bonds Notes/loans Leases Other (specify):	outstanding at start of fiscal year \$ - \$ - \$ - \$ - \$ - \$ -	Total issued during fiscal year (add) \$ - \$ - \$ - \$ - \$ -	Total retired year \$ \$ \$ \$ \$	during fiscal (less)	Outstanding year e	
	Please answer the following que	stions by marking the	e appropriate box		Yes	No XXX	
4-2	Does the municipality have any au	stions by marking the	e appropriate box debt?		Yes	No No	
	Does the municipality have any au If yes, how much? If yes, what is the authorization dat	thorized, but unissued \$ e?	debt? - -		Yes		
4-2 If yes:	Does the municipality have any au If yes, how much?	thorized, but unissued \$ e?	debt? - -		Yes		

		Checking Accounts	Savings Accounts	Certificates of	Deposit	T	Total
	and investment balances.			ċ		5 371	016,75
5-1	Cash deposits	\$9713.06	\$6382,88	2		7 0 7	
5-2	Investments: (/	later Puna	20,920.7	8		1 4	-
5-3						Ś	_
5-4		,				\$	
5-5						1	
5-6						15	
5-7	Total Investments					\$	
5-8	Total Cash and Investments					17	
		l'a la Alea avenuenzi	into hov		Yes	T	No
	Please answer the following question by	marking in the appropri	ate box		XXX	+	
5-9	Are your deposits in an eligible public depository (Sec 27-105-5 & 27-105-353)						

		ne in the appropriate hoves		Ye	S	No
	Please answer the following questions by mark	XX	X.			
3-1	Do you have land, buildings, and/or equipment?					
3-2	the formuland buildings and/or equipment					<u></u>
yes:	If no, please explain:					
		Balance -				Balance - End of th
	Complete the following table:	Beginning of the Year	Additions	Delet		Year \$3037.00-
	Land	\$3037,00	\$ -	\$		1 1 1 1 1 1 1 1 1
	Buildings	\$35,503,00	\$ -	\$		\$35,503,00
	Machinery and equipment	\$300, 813-4	\$ -	\$	_	\$362,893,00
	Furniture and fixtures	\$ 1075.00	\$ -	\$	-	\$ 1075,00-
	Other (explain):	\$ -	\$ -	\$		-

	d C H d modelle	by marking in the appropriate boxes	Yes	No
	Please answer the following question	XXX		
7-1	Did the municipality approve a budget for the next fiscal year end?			
7-2	If no, please explain:			
	The state the emount appropri	iated for each of your funds for the next fiscal year end?		
If yes:	Fund Name	Budgeted fiscal year end Expenditures		
	DOMONO Fund	\$ 6,899.00	A STATE OF THE STA	
	Water Fund	\$ 20,000,00		
	Mark Flores	\$ '		
		PART 8 - GENERAL INFORMATION		
	Please answer the following question	by marking in the appropriate boxes	Yes	No
8-1	Has the Municipal Compiance Question part of your minutes? If no please expl	naire been completed, adopted by your board and now	 	
	P	ART 9 - GOVERNING BODY APPROVAL		
		Application for Exemption from Audit has been:		
	We, the undersigned, certify that this	Application for Exemption from Adult has been selection with rever	nues or	

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.

	F	provided for a maj	offly of those fisted.
	Name (please print or type all current members of the governing body)	Date Term Expires	Signature
9-1		6/30/25	Michelle Douglas, Mayor
9-2	Kathu Nesbit	10/30/25	The they Men At
9-3	Marguerite Vinson	6 30 25	Marquerto Divisor
9-4	Carol Parrett	6/30/25	Carel Parrett
9-5			
9-6			
9-7			
9-8			
9-8			