



STATE OF MISSISSIPPI
OFFICE OF THE STATE AUDITOR
Annual Financial Report for Non-Profit Public Water Systems

Annual Report Year Ending (month/year)

NOTE: This report must be provided to State Auditor's Office no later than 1 July
of each year.

Name of Water System: _____

MSDH PWS ID Number(s): _____
(List ID numbers for all water systems included in this report)

A) Receipts

Water bills _____
Hook-up charges _____
Interest income _____
Loans and grants _____
Sale of investments _____
Other income _____

B) Total Receipts _____

C) Expenditures

Salaries _____
Board per diem _____
Fringe benefits _____
Office supplies _____
Utilities _____
Insurance _____
Repairs _____
Contractual services _____
Travel _____
Capital outlay _____
 equipment _____
 construction _____
 construction contracts _____
Debt payments _____
 principal _____
 interest _____
Purchase of investments _____
Other expenditures _____

D) Total Expenditures _____

E) Excess Receipts over Expenditures (B minus D) _____

	<u>Beginning of Year</u>	<u>End of Year</u>
Cash balance	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Debt	\$ _____	\$ _____

I hereby certify that, to the best of my knowledge, this report is a complete and accurate report of the receipts and expenditures for this non-profit public water system(s). I further certify that, in accordance with Section 79-11-197 Mississippi Code of 1972 Annotated and the corporation's bylaws, an annual meeting of the membership was held: _____

(Date/Location of Annual Meeting)

Name of Board President (please print or type)

Signature of Board President

Date

➔➔ (CONTINUED ON BACK) ➔➔

Mail completed form to: Norman McLeod, State Auditor's Office, P.O. Box 956, Jackson, MS 39205