

Local Government Annual Report Summary FYE 6-30-2017

For Towns under 4,000 population

Due date for filing this report: December 31, 2017

Town of _____

County of _____

Return to:

Department of Audit, Public Funds
Herschler Building, 4th Floor West
Cheyenne, WY 82002

(For additional information on this report, see the Rules on file for Department of Audit, Public Funds Division, at the Office of the Wyoming Secretary of State, Capitol Bldg, Cheyenne, WY 82002 .)

Check here if you are having a CPA audit, review, or special procedures.

Enter name of CPA firm _____
sign and return.

Section A - Results of Self Audit and Internal Control Evaluation: *Required to be completed by all Level A towns (over \$100,000 in revenue or expenses) not having a CPA audit or review.*

1. Indicate here any weaknesses that were found during the internal control system evaluation for your town.

2. What action will your governing body take to try to correct this weakness?

3. Explain here any adjustments or corrections, which were discovered during the self-audit procedure. (Write, "none found" if no adjustments.)

(continue on an attachment, if necessary)

Section B - Bank Reconciliation: *Required of all towns in Wyoming if you do not have a CPA audit or review or CPA agreed upon procedures which is to be submitted to the Department of Audit for the fiscal year of this report.*

Please attach a copy of the reconciliation for each bank account or Certificate of Deposit held by your town. Note any comments here.

Section C - Certification of Officials: *To be completed by all towns.*

I certify to the best of my knowledge that the information presented in the Annual City and Town Financial Report (Census Report) and in Sections A and B above, are correct and complete. A record of the procedures which our town performed for a self-audit and an internal control evaluation, when required, are on file in our official records. The bank reconciliation(s) required in Section B were performed by _____ who is an independent third party as defined in the Rules and Regulations for the Dept of Audit, Public Funds, on file at the office of the Wyoming Secretary of State.

OFFICIAL SIGNATURES (unsigned reports will be returned for signatures.)

Town Treasurer

Date _____

Phone _____

Mayor of Town

Date _____

E-mail _____