**SMALL CONTRACTOR AND SUPPLIER
BUSINESS SIZE VERIFICATION**

# CPA must fill in the information in this document and the Personal Net Worth Verification form electronically.  Print, sign, notarize and submit both forms with the SCS application.

# Note: King County does not require a formal review of the applicant’s financial documents to document business size.

# CERTIFIED PUBLIC ACCOUNTANT AFFIDAVIT

|  |  |  |  |
| --- | --- | --- | --- |
| CPA Firm: |       | Firm License#: |       |
| Address: |       |
| City: |       | State: |    | Zip: |       |
| Certifying CPA Name: |       | Phone Number: |       |
| CPA License Number: |       | Licensing State: |    | Expiration Date: |       |
| Contact Email: |       |

|  |  |
| --- | --- |
| **Applicant Business Name:** |       |
| CPA CertificationsAnnual Gross Receipts I have inspected the United States Federal Business Tax Returns for the applicant business for the latest three years. Based on these returns, I have listed the company gross receipts in the table below. Number of EmployeesI have inspected the applicant business payroll verification documents for the most recent pay period.  Based on the documentation I confirm that the number of employees for the company is as identified in the table below. |
| **Annual Gross Receipts:** | **Number of Employees:** in the space below enter the number of employees  |
| **[ ]**  | New Business: No Tax Statements Filed |       |
| - Or - |
| **20** | $      | Enter documentation reviewed to verify Employee Count:      |
| **20** | $      |
| **20** | $      |

## Primary Business Activity Code (based on the North American Industry Classification System code)

I verify that the Primary Business Activity Code identified on the most recent year’s Federal Income Tax Return is      . In the event no Federal Business Tax Returns have been filed, I have reviewed and verified that the Primary NAICS Code listed on the Washington State Department of Revenue’s Directory for this firm is      .

## List of Owners

Based on the inspection of the current company records and Federal Business Tax returns, I verify that the below list of owners and the percent of ownership for each owner is correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |       | Ownership Percentage:  |      % |
| Name:  |       | Ownership Percentage:  |      % |
| Name:  |       | Ownership Percentage:  |      % |
| Name:  |       | Ownership Percentage:  |      % |
| Name:  |       | Ownership Percentage:  |      % |

Upon Request by King County, I agree to be available during any audit initiated by King County or the WA State Auditor’s Office to review or verify the certification of Annual Gross Receipts, Primary Business Activity Code, or ownership of this Company.

|  |  |  |
| --- | --- | --- |
|       |  |       |
| CPA Name Print | CPA Signature | Date Verified |

#### NOTARY CERTIFICATE

 Subscribed and sworn to before me this \_\_\_day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

 in and for the State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Seal Residing at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_