



THE HONORABLE CURTIS M. LOFTIS, JR.

State Treasurer

COUNTY ANNUAL FINANCIAL STATEMENT DEADLINE OF DECEMBER 31

EXTENSION REQUEST

Please email form to annualaudits@sto.sc.gov with "EXTENSION REQUEST" in the subject line. This form must be **approved** by State Treasurers Office by December 31 to guarantee extension to March 31.

County Name: _____ Date Filed: _____

Auditing Firm Engaged: _____ Fiscal Year: _____

Extension Reason: _____

Planned Mitigation Factors for next fiscal year audit: _____

The County understands that upon approval of this extension, our County must file the Annual Financial Statements with the State Treasurer's Office by **March 31** in order to avoid having county funds withheld as authorized by S.C. Code Section 4-9-150.

County Treasurer Name: _____

County Treasurer Signature: _____

County Treasurer Email: _____

Auditing Firm: _____

Auditing Signature: _____

STATE TREASURER'S OFFICE SECTION

Approval Status: _____ Date: _____

Approving Official Name: _____

Comments: _____