



## THE HONORABLE CURTIS M. LOFTIS, JR.

State Treasurer

### COUNTY ANNUAL FINANCIAL STATEMENT DEADLINE OF JANUARY 1<sup>ST</sup>

### EXTENSION REQUEST

Please email form to [annualaudits@sto.sc.gov](mailto:annualaudits@sto.sc.gov) with "EXTENSION REQUEST" in the subject line. This form must be **approved** by State Treasurers Office by December 31<sup>st</sup> to guarantee extension to March 31<sup>st</sup>.

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<sup>st</sup>** in order to avoid having county funds withheld as authorized by S.C. Code Section 4-9-150.

County Treasurer Name: \_\_\_\_\_ Chair of Council Name: \_\_\_\_\_

County Treasurer Signature: \_\_\_\_\_ Chair of Council Signature: \_\_\_\_\_

County Treasurer Email: \_\_\_\_\_ Chair of Council Email: \_\_\_\_\_

Auditing Firm: \_\_\_\_\_

Auditing Signature: \_\_\_\_\_

### STATE TREASURER'S OFFICE SECTION

Approval Status: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Official Name: \_\_\_\_\_

Comments: \_\_\_\_\_