

**TEXAS GENERAL LAND OFFICE**  
**SINGLE AUDIT IDENTIFICATION FORM**

<b>Legal Entity Name:</b>	Enter Legal Entity Name	<b>Your Fiscal Year End (month &amp; date):</b>	MM/DD
<b>Vendor Identification</b>	Enter Vendor ID#		

For your most recently completed fiscal year, please check one box in each section, one in the federal section and one in the state section.

Total **federal** funds expended: \$ 000,000.00

**Check the appropriate box:**

<input type="checkbox"/>	We <b>have exceeded</b> the \$750,000 federal expenditure threshold for the fiscal year referenced above. We will have our Single Audit or Program Specific Audit completed and will submit the audit report within nine (9) months after the end of the audited fiscal year.
<input type="checkbox"/>	We <b>did not exceed</b> the \$750,000 federal expenditure threshold for the fiscal year referenced above. A Single Audit or a Program Specific Audit is not required for this fiscal year. <i>(If this is checked, your entity does not need to submit anything other than this form.)</i>

Total **state** funds expended: \$ 000,000.00

**Check the appropriate box:**

<input type="checkbox"/>	We <b>have exceeded</b> the \$750,000 state expenditure threshold for the fiscal year referenced above. We will have our Single Audit or Program Specific Audit completed and will submit the audit report within nine (9) months after the end of the audited fiscal year.
<input type="checkbox"/>	We <b>did not exceed</b> the \$750,000 state expenditure threshold for the fiscal year referenced above. A Single Audit or a Program Specific Audit is not required for this fiscal year. <i>(If this is checked, your entity does not need to submit anything other than this form.)</i>

		Insert Title
(authorized signature)		Title
Print Name		MM/DD/YYYY.
Printed Name		Date

Please email, mail or fax this form within 60 days after the end of your fiscal year to [cmpreceipts@glo.texas.gov](mailto:cmpreceipts@glo.texas.gov)