

## MICHIGAN SMALL BUSINESS PROGRAM ANNUAL AFFIDAVIT

Participation in the Michigan Department of Transportation (MDOT) Small Business Program (SBP) requires an annual review of your business structure to remain eligible for the program. Please complete the following Annual Affidavit, which must be signed, dated, and notarized. Return this form along with a complete copy of the firm's most recent business income tax return filings, including all schedules and statements, as well as written documentation of any and all changes made by your business within the past 12 months or sooner if applicable.

All required documents must be submitted along with this signed, dated, and notarized affidavit to determine your continued SBP eligibility status.

**\* \*FOR YOUR SECURITY AND PROTECTION PLEASE REMOVE ALL SOCIAL SECURITY NUMBERS (EXCEPT FOR THE LAST FOUR (4) DIGITS) AND BANK ACCOUNT INFORMATION FROM ANY TAX RETURNS AND ANY OTHER DOCUMENTS PRIOR TO SUBMITTING THEM TO MDOT. \* \***

SBP annual affidavit and supporting materials may be sent to MDOT at:

Michigan Department of Transportation  
Office of Business Development  
425 West Ottawa Street  
Lansing, MI 48909

Phone Number: (866) 323-1264/Fax Number: (517) 335-0945

E-mail Address: [MDOT-SBP@Michigan.gov](mailto:MDOT-SBP@Michigan.gov)

The following documents must be submitted in order for your SBP to be renewed:

### CHECKLIST

- Most current business income tax filings, including all schedules and statements
- SBP Annual Affidavit, signed, dated, and notarized



**2A. Gross sales or receipts of first affiliate business for the past three fiscal years**

You must provide copies of U.S. business tax forms for the fiscal years reported below which show gross receipts of all subsidiaries or affiliates.

NAME AND ADDRESS OF AFFILIATE OR SUBSIDIARY	
YEAR 20	DOLLARS
YEAR 20	DOLLARS
YEAR 20	DOLLARS
<b>TOTAL</b>	

**2B. Gross sales or receipts of second affiliate business for the past three fiscal years**

You must provide copies of U.S. business tax forms for the fiscal years reported below which show gross receipts of all subsidiaries or affiliates. If you have more than two affiliates or subsidiaries, please attach additional pages for those affiliates.

NAME AND ADDRESS OF SECOND AFFILIATE	
YEAR 20	DOLLARS
YEAR 20	DOLLARS
YEAR 20	DOLLARS
<b>TOTAL</b>	

**2C. Total number of employees of first affiliate**

Please complete this section if the NAICS codes identified in section 1A base business size on number of employees. The small business size table is available at <https://www.sba.gov/document/support-table-size-standards> under "Table of Size Standards". You must provide from U.S. business tax forms showing total numbers of full-time, part-time, temporary, or seasonal employees who have worked for this affiliate during each of the last three consecutive fiscal years.

YEAR 20	TOTAL NUMBER OF ALL EMPLOYEES (Full-time, part-time, temporary, etc.)
YEAR 20	TOTAL NUMBER OF ALL EMPLOYEES (Full-time, part-time, temporary, etc.)
YEAR 20	TOTAL NUMBER OF ALL EMPLOYEES (Full-time, part-time, temporary, etc.)

**2D. Total number of employees of second affiliate**

Please complete this section if the NAICS codes identified in section 1A base business size on number of employees. The small business size table is available at <https://www.sba.gov/document/support-table-size-standards> under "Table of Size Standards". You must provide from U.S. business tax forms showing total numbers of full-time, part-time, temporary, or seasonal employees who have worked for this affiliate during each of the last three consecutive fiscal years. If you have more than two affiliates, attach separate pages containing the required information.

YEAR 20	TOTAL NUMBER OF ALL EMPLOYEES (Full-time, part-time, temporary, etc.)
YEAR 20	TOTAL NUMBER OF ALL EMPLOYEES (Full-time, part-time, temporary, etc.)
YEAR 20	TOTAL NUMBER OF ALL EMPLOYEES (Full-time, part-time, temporary, etc.)

## BUSINESS CHANGE DISCLOSURES

Have you had any changes in your business in the areas below?      YES      NO

IF YES, COMPLETE THE SECTION BELOW by check-marking all that apply and specifying in detail the changes that have occurred in the space provided. Attach a separate page if needed. **If there have been no changes**, go on to complete the NO CHANGE AFFIDAVIT.

**\*\*PLEASE BE ADVISED THAT FAILURE TO DISCLOSE INFORMATION REGARDING CHANGES IN THE COMPANY IS A VIOLATION OF 26.109 AND IS GROUNDS FOR SUSPENSION, DEBARMENT AND/OR REMOVAL OF ELIGIBILITY.\*\***

<b>Business Structure Changes</b> (e.g. LLC to Corporation or Sole Proprietorship to Corporation etc.)
<b>Ownership Changes</b> (i.e. Decreases or increases in ownership percentages, new ownership, terminated ownership etc.)
<b>Officer Changes</b> (i.e., New officers, terminated officers, changes in officer positions, etc.)
<b>Board of Directors/Managing Members Changes</b> (i.e., Additions or terminations, etc.)
<b>Location Changes</b> (For all locations including offices and other facilities such as warehouses or storage facilities.)
<b>Product/Services Changes</b> (List all new products/services as well as any that have been terminated.)
<b>Affiliate Firm Changes</b> (Affiliate firm additions/deletions, changes in ownership or ownership percentages in affiliate firms, or its officers, managing members, board members, office locations, etc.)

