



# MWSB Business Size Verification

**Instructions:** Minority and women-owned businesses must verify small business size in order to participate in the Authority’s MWSB program. For information on which firms should complete this form, visit <http://www.rdu.com/business/smallbusiness.html#mwsb>.

Per Section 3 below, submit the appropriate federal tax documentation for the past three (3) years or those filed since the business has been in operation, if that is less than three years. In the event that a business has been in existence for less than three years, the business will supply all available federal documents and notarize this form.

### 1. GENERAL INFORMATION

Legal Name of firm: \_\_\_\_\_

Owner’s name: \_\_\_\_\_

Legal structure:     Sole proprietorship     Partnership     Corp.     Limited Liability Corp. (LLC)

Date you acquired ownership: \_\_\_\_\_

Date established: \_\_\_\_\_

### 2. BUSINESS SIZE VERIFICATION

List the total gross receipts for the business for the past three years. If your business has been in operation for less than one year, please provide the total gross receipts from start of business to date of this application.

Year: 20

Year: 20

Year: 20

Gross Receipts: \$ \_\_\_\_\_

Gross Receipts: \$ \_\_\_\_\_

Gross Receipts: \$ \_\_\_\_\_

# of Employees: \_\_\_\_\_

# of Employees: \_\_\_\_\_

# of Employees: \_\_\_\_\_

### 3. SUPPLEMENTAL DOCUMENTATION *(Indicate the specific form(s) or schedule(s) submitted):* Federal, signed returns

Federal Business Tax Returns – Pages 1-5  
(incl. LLCs, PLLCs, etc.)

Sole Proprietorship –  
1. Form 1040 – Pages 1-5  
2. Schedule C – Pages 1-3

I, \_\_\_\_\_, a major stockholder, owner or officers do hereby solemnly affirm that this business meets the Small Business Administration (SBA) size criteria. I provide the requested tax documentation to support this affidavit. I have read and certify that the above and foregoing information is full, true and correct statement of the facts.

Signature: \_\_\_\_\_  
(Owner)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print)

Title: \_\_\_\_\_  
(Print)

\*Notarization only necessary if less than 3 years of tax documentation is supplied.

### NOTARY CERTIFICATE

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_, for the above noted firm who signed the foregoing statement in my presence and made oath to the truth of the statement therein contained.

\_\_\_\_\_ (Notary Signature)

My commission expires \_\_\_\_\_