Auditors should include this form in the NON-PUBLIC CONFIDENTIAL INFORMATION file in the working papers

Auditor of State of Ohio
Audit Report Executive Summary of
MIAMI COUNTY LANDFILL

Region Financial - West **Post Audit Date** Waived

County Miami **UAN** No **Audit Period** 01/01/2012 through 12/31/12

Code 22A20MIAM-AA112 **IPA (If Applicable)** NA

Type of Audit Report (check all that apply)

- ____ CAFR
- ____ GASB 34
- ____ OCBOA
- ____ Limited Risk Audit Approach
- ✔ Agreed Upon Procedures
- ____ Basic Audit
- ____ OMB A-133 Single Audit
- ____ Performance Audit
- ____ Special Audit
- ____ SOC 1 Engagement
- ____ GAAS (requires approval)
- ____ Initial Audit
- ____ Final Audit
- ____ Other ____

Financial Statement Report

Agreed-Upon Procedures

Explain if other than unmodified:

Data Collection Form

Number: N/A

Password: N/A

Billing Information

	Past	Current
Audit fees	$328	$328
Audit hours	8	8
Consult fees		
Consult hours		
Admin. fees		
Admin. hours		

Report Information (please provide written comments below for all YES responses)

(*Complete Summary of Findings, if applicable.) **(**Include dollar amounts of each questioned cost.)**

Findings for Recovery *	Material Citations	Significant Deficiencies Material Weaknesses	Exceptions	Single Audit Findings and/or Questioned Costs **	Management Letter Comments	Other Sensitive Issues	Abuse	Auditor of State Award
Yes ____	Yes ____	Yes ____	AUP ____	Yes ____	Yes ____	Yes ____	Yes ____	Award ____
No ✔	No ✔	No ✔	Basic Audit ____	No ✔	No ✔	No ✔	No ✔	Award w/Distinction ____
Total ____			None ✔					Not Eligible ✔

This agreed-upon procedures engagement was completed without exception

sebowser@auditor.state.oh.us

Digitally signed by sebowser@auditor.state.oh.us
DN: cn=sebowser@auditor.state.oh.us
Date: 2013.07.12 08:03:29 -04'00'

Signature ____ **Title** ____

Report Received by Clerk

Report Release Date