



## SLBE Application Tax Requirement

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**Step 1** Using the chart below, gather all required tax documents. Include all pages and all schedules. **Redact social security number(s) and/or employer identification number from all pages.**

Legal Structure	Required Tax Forms	Required Pages & Schedules
Partnership	Form 1065	All pages and schedules
S Corp	Form 1120S	All pages and schedules
Corporation	Form 1120	All pages and schedules
LLC (Sole Proprietorship)	Form 1040	All pages and schedules
LLC (Multi Member)	Form 1065 or 1120S	All pages and schedules
Sole Proprietor	Form 1040	All pages and schedules

**Step 2** Submit the last three years of business taxes.

**Step 3** Submit the most recent Schedule 1040 for each owner, include all pages and all schedules (for 1120 and 1065 filers). **Redact social security number(s) and/or employer identification number from all pages.**

**Step 4** Submit [IRS Form 4506-T](#) for each owner.

**Step 5** Sign and date all tax schedules.

**Step 6** Using the checklist on the next page complete the SLBE Application.

Check here indicating that you have read the SLBE Application tax requirements.



## INSTRUCTIONS AND CHECKLIST TO ENSURE YOUR APPLICATION IS COMPLETE

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**INSTRUCTIONS:** You must register in the Supplier Portal before completing this application. Do not send documents that are password protected. **Redact social security number(s) and/or employer identification number from all pages.** Refer to the SLBE guidelines for additional information.

### SECTION I: BUSINESS PROFILE

Register in WSSC Water's Supplier Portal (<https://www.wsscwater.com/supplier>)

Provide the legal name of your business when registering in the Supplier Portal and completing the application.

Identify and select your firm's legal designation (LLC, LLP, Corporation, Partnership)

Provide the business address where you may receive correspondence from WSSC Water. The business address is defined as the primary location where the business's books and records are kept and where the owner and/or other senior management personnel are located.

Provide the date your business was started or acquired.

All firms should be registered with the IRS and have an Employer Identification Number (EIN), separate from their social security number.

If your firm is not located in Prince George's or Montgomery Counties, please submit proof of employee presence. Acceptable proof of employee presence includes most recent payroll report, employee withholdings report, W-2's, or driver's license.

Provide the total number of employees employed by your firm.

Provide a copy of your most recent payroll report.

Select the NAICS code for the firm's primary industry (<https://www.census.gov/naics/>)

Provide a detailed description of the services you provide.

Submit a copy of business federal tax returns (based on your designation) for the past three (3) fiscal years or the life of the firm if less than three years. Include all schedules. Tax returns must be signed and dated. **Redact social security number(s) and/or employer identification number from all pages.** Substitute IRS Form 1040 for years with no business sales. The amount of your gross revenue should agree with the gross revenue amount you report on the SLBE application.

### SECTION II: PERSONAL INFORMATION

Provide the complete name(s) of the owner(s)/partners/stakeholders, titles and percentage of ownership.

Submit a signed copy of most recent IRS Form 1040 for each owner. Include all schedules and W-2 forms.

Submit a signed copy of IRS Form 4506-T for each owner.

Submit a copy of your personal resume. (New applicants only)

**Email Completed Applications and Required Documents to:**

**[SLBEProgram@wsscwater.com](mailto:SLBEProgram@wsscwater.com)**  
**(do not fax or mail)**

**SMALL LOCAL BUSINESS ENTERPRISE (SLBE)  
APPLICATION AFFIDAVIT**

The Undersigned does hereby make the following Affidavit. I

**Print Name**

acknowledge that I am the

**Print Title**

and an authorized agent of

I certify that I am a Small Business Enterprise who;

**Print Company Name**

1. An independently owned and operated for-profit business dominant in its field of operation, and that is performing a Commercially Useful Function.
2. Maintains a Principal Place of Business or Significant Employment Presence (at least 25%) in Montgomery or Prince George's County.
3. Meets the following size standard eligibility requirements for Small Business Enterprises as defined under the State of Maryland regulations adopted by the Department of General Services pursuant to State Finance & Procurement Article §14-203 and as codified in the WSSC Code of Regulations Chapter 6.35
  - a. Wholesale operations of the business did not employ more than **50** persons, and the gross sales of the business did not exceed an average of **\$4,000,000** in its most recently completed 3 fiscal years;
  - b. Retail operation of the business did not employ more than **25** persons, and the gross sales of the business did not exceed an average of **\$3,000,000** in its most recently completed 3 fiscal years;
  - c. Manufacturing operations of the business did not employ more than **100** persons, and the gross sales of the business did not exceed an average of **\$2,000,000** in its most recently completed 3 fiscal years;
  - d. Service operations of the business did not employ more than **100** persons, and the gross sales of the business did not exceed an average of **\$10,000,000** in its most recently completed 3 fiscal years;
  - e. Construction operations of the business did not employ more than **50** persons, and the gross sales of the business did not exceed an average of **\$7,000,000** in its most recently completed 3 fiscal years;
  - f. Architectural and engineering operations of the business did not employ more than **100** persons, and the gross sales of the business did not exceed an average of **\$4,500,000** in its most recently completed three (3) fiscal years.
4. The business has been established for at least one year or the principals of the business have at least three years of relevant experience prior to forming or joining the business.

I do solemnly declare and affirm, under the penalties of perjury that the contents of the foregoing affidavit and document are true and correct to the best of my knowledge, information, and belief.

**Company Name**

**Full Name Printed**

**Signature**

**Date**

**SMALL LOCAL BUSINESS ENTERPRISE (SLBE) APPLICATION**  
**SECTION I: BUSINESS PROFILE**

Date: (mm/dd/yyyy)

1. Legal Name of Business:
2. Trade Name or DBA:
3. Principal Business Address:

City	County	State	Zip
Business Phone:	Email Address:		

Website:

4. Is this a home office?      Yes      No
5. Name, title and telephone number of contact person:

6. Federal Tax Identification:

7. Legal Structure (**Check one**):

Corporation	Limited Liability Company (LLC)	Individual Proprietor
Partnership	Limited Liability Partnership (LLP)	

*Provide copies of license(s), certificate of incorporation, articles of organization*

8. Principal Contracting Area (**Check one**):

Architecture & Engineering	Goods & General Services
Construction	Professional Services

**Please fill in NAICS Code:** (<https://www.census.gov/naics/>)

Primary NAICS code

Secondary NAICS code

9. Please list specific products and/or services provided:

10. What is your primary industry? \* (**Check only one**):

Construction	Retail	Manufacturing
Wholesale	Architecture & Engineering	Service

\*Your firm's gross sales and size will be evaluated based on your primary industry.

## BUSINESS PROFILE (cont.)

11. How many people do you currently employ?

Employment will be calculated based on the number of "Full-Time Equivalent" (FTE) employees. Provide a current payroll report for all employees.

12. List your gross annual sales, before deducting expenses for the last three (3) fiscal years.

Submit signed documentation in the form of a limited review prepared by a CPA or signed federal corporate tax returns. Include all schedules as reported to the IRS (include current and prior two years).

(Businesses less than three years old gross sales average is computed for the period of the business's existence, substitute signed personal federal income tax returns for appropriate years.)

Fiscal Year	Gross Annual Sales
	\$
	\$
	\$

13. The date your business was established (mm/dd/yyyy).

14. The year the company was acquired by owner (mm/dd/yyyy), if applicable.

14. Provide a list of WSSC Water contracts awarded to your firm in the last twelve months.

15. Have you and/or any of your business partners worked for WSSC Water and/or have family members working for WSSC Water within the past 12 months?

(Check one) Yes No

please explain:

16. Does your business have any subsidiaries/affiliates, or are you a subsidiary, affiliate or franchise?

(Check one) If yes, Yes No

please explain:

17. How did you hear about us?

OSDI Event

Website

Other

**SECTION II: PERSONAL INFORMATION**  
**(Attach a separate personal information page for each owner)**

1. Name of owner:
2. Owner's Address:

City State Zip

List all partners and/or stakeholders in business—provide names, titles and percentage of ownership:

Name	Title	Percentage

3. Are you a U.S. citizen?      Yes      No

If no, provide Resident Expiration:

4. Are you a Service-Disabled Veteran (SDV)?      Yes      No

5. Please submit signed copies of your personal tax returns (*including all schedules and W-2 forms*) for the year immediately preceding the date of this application.
6. Please submit a signed copy of IRS 4506, "Request for a Copy of Tax Return." (Form can be downloaded from IRS website at [www.IRS.gov](http://www.IRS.gov).) (DO NOT SUBMIT TO THE IRS OR SUBMIT CHECK)
7. Please submit a signed copy of resumes including education, training, and employment experience (***New Applicants Only***) for all partners and stakeholders.

**SLBE APPROVAL**

Approved SLBE/SDV-SLBEs shall file with the Office of Supplier Diversity & Inclusion a completed renewal application every two years, 60 days prior to expiration of their SLBE status. [WSSC Code of Regulations Chapter 6.35](#).

**RIGHT TO AUDIT**

The Office of Supplier Diversity & Inclusion reserves the right to periodically audit any SLBE/SDV-SLBE firm with respect to the firm's SLBE status. Such audits may include but are not limited to: inspection of the firm's office (i.e., field compliance), job site, contract-related records and documents, and interviewing the firm's employees, subcontractors, vendors and customers as reasonably necessary to ensure that all eligibility standards are satisfied and that the integrity of the SLBE Program is maintained. [WSSC Code of Regulations Chapter 6.35](#).

**GRADUATION**

A SLBE/SDV-SLBE firm shall graduate from the SLBE Program whenever the firm has received a cumulative total in Prime and/or subcontract payments of either: (i) \$10 million for WSSC Water A&E, Goods & Services and Professional Services contracts; or (ii) \$14 million for WSSC Water Construction contracts and/or subcontracts since the firm's initial approval as an SLBE/SDV-SLBE firm. [WSSC Code of Regulations Chapter 6.35](#).



**SECTION II: PERSONAL INFORMATION**

**(Attach a separate personal information page for each owner)**

- 1. Name of owner:
- 2. Owner's Address:

City

State

Zip

List all partners and/or stakeholders in business—provide names, titles and percentage of ownership:

Name	Title	Percentage

- 3. Are you a U.S. citizen?      Yes      No

If no, provide Resident Expiration:

- 4. Are you a Service-Disabled Veteran (SDV)?      Yes      No

- 5. Please submit signed copies of your personal tax returns (*including all schedules and W-2 forms*) for the year immediately preceding the date of this application.
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