



SLBE Application Tax Requirement

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 the completed and signed 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.

Step 7 Check here indicating that you have read the SLBE Application tax requirements.



INSTRUCTIONS AND CHECKLIST TO ENSURE YOUR APPLICATION IS COMPLETE

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 copies of your business license(s), certificate of incorporation, and/or articles of organization.

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 most recent copy of the signed office space lease agreement, if applicable.

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 the most recent payroll report displaying all employee names and addresses, employee withholdings report, employee W-2's, or employee driver's licenses.

Provide the total number of employees employed by your firm.

Provide a copy of your most recent payroll report displaying all employees.

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

Provide a detailed description of the products and/or services you provide.

Submit a copy of business federal tax returns (based on your designation) for the past three fiscal years or the life of the firm if less than three years. Include all schedules and pages. 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 completed and signed copy of IRS Form 4506-T for each owner.

Submit a copy of the personal resume for each owner. (New applicants only)

Email Completed Applications and Required Documents to:

SLBEProgram@wsscwater.com

**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 operations 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 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.
5. The business has not received more than **\$2 million** in WSSC Water contract payments as a prime contractor and direct subcontractor in open competition from WSSC Water in the year preceding the date of the application.

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 number:

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

Corporation

Limited Liability Company (LLC)

Individual Proprietor

Partnership

Limited Liability Partnership (LLP)

Provide copies of the business license(s), certificate of incorporation, and/or articles of organization

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

Architecture & Engineering

Goods & General Services

Construction

Professional Services

Please list the NAICS Code(s): (<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 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 and pages as reported to the IRS (include current and prior two years). Substitute IRS Form 1040 for years with no business sales.

(Note: Businesses less than three years old, must substitute signed personal federal income tax returns for all existing business 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.
15. Provide a list of WSSC Water contracts awarded to your firm in the last twelve months.

16. 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

If yes, please explain:

17. Does your business have any subsidiaries/affiliates, or are you a subsidiary, affiliate or franchise?
(Check one) Yes No

If yes, please explain:

18. 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

If yes, provide documentation verifying the SDV status

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 completed and signed copy of IRS Form 4506-T, "Request for a Copy of Tax Return". The form can be downloaded from the IRS website at www.irs.gov. Do not submit to the IRS or submit a check.
7. Please submit the most recent copy of the signed office space lease agreement, if applicable.
8. Please submit a copy of the personal resume (including education, training, and employment experience) for all partners and stakeholders (**New Applicants Only**).

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

If yes, provide documentation verifying the SDV status

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 completed and signed copy of IRS Form 4506-T, "Request for a Copy of Tax Return". The form can be downloaded from the IRS website at www.irs.gov. Do not submit to the IRS or submit a check.
7. Please submit the most recent copy of the signed office space lease agreement, if applicable.
8. Please submit a copy of the personal resume (including education, training, and employment experience) for all partners and stakeholders. **(New Applicants Only)**

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](#).