

Commonwealth of Virginia Unified Certification Program

ANNUAL GROSS RECEIPTS SURVEY

Company's Full Legal Name:		DBE Vendor #:
Firm's address:		
City:		State & Zip:
Phone:	Fax:	Email:

Annual Gross Receipts for fiscal year ending: _____ (Date)

Please check the appropriate bracket:

<input type="checkbox"/> \$0 - \$10,000	<input type="checkbox"/> \$10 - 15 million
<input type="checkbox"/> \$10,000 - \$25,000	<input type="checkbox"/> \$15 - 20 million
<input type="checkbox"/> \$25,000 - \$50,000	<input type="checkbox"/> \$20 - 25 million
<input type="checkbox"/> \$50,000 - \$100,000	<input type="checkbox"/> \$25 - 30 million
<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> \$30 - 35 million
<input type="checkbox"/> \$250,000 - \$500,000	<input type="checkbox"/> \$35 - 40 million
<input type="checkbox"/> \$500,000 - \$1 million	<input type="checkbox"/> \$40 - 45 million
<input type="checkbox"/> \$1 million - \$2 million	<input type="checkbox"/> \$45 - 50 million
<input type="checkbox"/> \$2 - 5 million	<input type="checkbox"/> \$50 - 55 million
<input type="checkbox"/> \$5 - 10 million	<input type="checkbox"/> \$55 - 60 million

Provide a copy of the following documents:

1. A **signed and dated** copy of your firm's last year's Federal Income Tax Return, including all Schedules.
2. A **signed and dated** copy of the personal Federal Income Tax Return including all Schedules, for all owners whose ownership is relied upon for DBE Status.
3. A **notarized** copy of the Personal Networth Statement for all owners whose ownership is relied upon for DBE status.