



# REVENUE VERIFICATION FORM

For help, contact the IC100 team at [InnerCity100@icic.org](mailto:InnerCity100@icic.org).

## SECTION 1: TO BE FILLED OUT BY THE HIGHEST-LEVEL SENIOR EXECUTIVE

### 1) NAME OF COMPANY APPLYING FOR THE 2023 IC100

*Please use the name under which the company does business.*

---

### 2) THE COMPANY LISTED ABOVE IS AN INDEPENDENT, FOR-PROFIT CORPORATION, PARTNERSHIP, OR PROPRIETORSHIP THAT IS NOT A PUBLIC COMPANY, BANK, OR HOLDING COMPANY.

Yes

No

### 3) ENTER COMPANY REVENUE FOR THE FOLLOWING CALENDAR YEARS.

*Please be precise down to the dollar for revenue reporting, or rounded to the nearest thousand at the greatest. In order to be eligible for the 2023 IC100, company revenues must be above the minimum requirements of \$50,000 in 2018 and \$500,000 in 2022. Additionally, if your company is selected as a 2023 IC100 winner, your 2022 revenue (as a range) and four-year revenue growth rate will be published as part of your company profile. For more information about how we define revenue, visit the [FAQs](#) section in [our website](#).*

Revenue for calendar year 2018: \_\_\_\_\_

Revenue for calendar year 2022: \_\_\_\_\_

### 4) HIGHEST-LEVEL SENIOR EXECUTIVE'S FULL NAME

---

### 5) HIGHEST-LEVEL SENIOR EXECUTIVE'S DIGITAL SIGNATURE

---

### 6) DATE

---



# REVENUE VERIFICATION FORM

For help, contact the IC100 team at [InnerCity100@icic.org](mailto:InnerCity100@icic.org).

## **SECTION 2: TO BE FILLED OUT BY THE CO-SIGNER**

This form must be co-signed by a professional (qualified as one of the below) willing to confirm the information included on the form. The co-signer may work at the applicant company or be independent of it as long as their credentials are current and in good standing.

### **7) PLEASE INDICATE COSIGNER'S CREDENTIALS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Certified Public Accountant  | <input type="checkbox"/> Certified Management Accountant |
| <input type="checkbox"/> IRS Certified Enrolled Agent | <input type="checkbox"/> Attorney                        |
| <input type="checkbox"/> Chartered Financial Analyst  |  |

### **8) CO-SIGNER'S COMPANY**

---

### **9) CO-SIGNER'S PHONE NUMBER**

---

### **10) CO-SIGNER'S E-MAIL**

---

***I HEREBY AFFIRM THAT THE REVENUE AND COMPANY DETAILS REPORTED ABOVE ARE ACCURATE BASED ON THE BEST KNOWLEDGE AVAILABLE TO ME AT THIS TIME.***

### **11) CO-SIGNER'S FULL NAME**

---

### **12) CO-SIGNER'S DIGITAL SIGNATURE**

---

### **13) DATE**

---