

LOUISIANA PUBLIC SERVICE COMMISSION

**ANNUAL REPORT
OF
OPERATIONS
BY
WASTEWATER PUBLIC UTILITIES**

(Exact Legal Name of Company)

(END DATE REPORTED PERIOD)

**The filing of the Annual Report and/or related correspondence should
be directed to the:**

**Louisiana Public Service Commission
ATTN: Utilities Division – Annual Report
602 North 5th Street, 12th Floor
Baton Rouge, Louisiana 70821**

**LOUISIANA, WITHIN ONE HUNDRED TWENTY DAYS (120) AFTER
CLOSE OF REPORTED PERIOD.**

COMPANY IDENTIFICATION AND INSTRUCTION

COMPANY DATA:

NAME: _____

ADDRESS: _____

LOCATION: _____

OWNER (S):

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

PRESIDENT:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

ANNUAL REPORT:

1. *TO WHOM TO BE SENT:* _____

2. *WHO FILLED OUT THIS REPORT:* _____

INSTRUCTIONS

PAGE FOUR THROUGH PAGE EIGHT REPORTS FINANCIAL DATA PERTINENT TO YOUR COMPANY. IF YOU HAVE FINANCIAL STATEMENTS FOR YOUR SYSTEM (BALANCE SHEET AND INCOME STATEMENT) OR CURRENT YEARS INCOME TAX FILINGS, THESE MAY BE SUBSTITUTED INTO THE REPORT BOOKLET TO PROVIDE FINANCIAL DATA INSTEAD OF COMPLETING PAGE FOUR THROUGH PAGE EIGHT.

ON PAGE TWO OF THIS REPORT, SHOW COST OF THE PLANT ITEMS IN DOLLARS, NOT IN NUMBER OF UNITS SUCH AS FOOTAGES FOR MAINS. PAGE THREE SHOWING ACCUMULATED DEPRECIATION OF PLANT SHOULD ALSO BE SHOWN IN DOLLARS- NOT UNITS.

IF YOUR FINANCIAL STATEMENTS ARE INCORPORATED INTO THE REPORT, IN LIEU OF INDICATING THE NUMBER OF CUSTOMERS SERVED IN THE SPACE ON PAGE FOUR, PLEASE SHOW THE NUMBER OF CUSTOMERS SERVED IN THE SPACE BELOW:

VII. NUMBER OF CUSTOMERS/CONNECTIONS BY CLASSIFICATION

RESIDENTIAL	COMMERICAL	INDUSTRIAL	OTHER/GOV'T	TOTAL

SEWERAGE PLANT

ITEM (A)	BALANCE BEGINNING OF YEAR (B)	ADDITIONS DURING YEAR (C)	RETIREMENTS DURING YEAR (D)	ABANDONED OR REMOVED FROM SERVICE (E)	BALANCE END OF YEAR (F)
MAINS	\$	\$	\$	\$	\$
SERVICES					
OXIDATION PONDS					
TREATMENT PLANTS					
OTHER					
TOTAL					

MATERIALS & SUPPLIES (ON HAND)

CONTRIBUTIONS FROM CUSTOMERS FOR CONSTRUCTION

ADVANCES FROM CUSTOMERS FOR CONSTRUCTION

CONSTRUCTION WORK IN PROGRESS (END OF YEAR)

ACCUMULATED RESERVE FOR DEPRECIATION; DEPLETION AND AMORTIZATION

ITEM (A)	SERVICE LIFE (YEARS) (B)	BALANCE BEGINNING OF YEAR (C)	ADDED DURING YEAR (CREDIT) (D)	CHARGES DURING YEAR (DEBIT) (E)	BALANCE END OF YEAR (F)
MAINS		\$	\$	\$	\$
SERVICES					
OXIDATION PONDS					
TREATMENT PLANTS					
OTHER					
TOTAL					

OPERATING REVENUES

SEWERAGE COLLECTION CHARGES	NO. CUST.	\$
<u>OTHER SEWERAGE REVENUE</u>		
FORFEITED DISCOUNTS		
CONNECTION FEES		
MISC. OPERATING REVENUE		
TOTAL OTHER SEWERAGE REVENUE		
TOTAL OPERATING REVENUE		
<u>OTHER INCOME</u>		
INTEREST		
RENT		
MISC. OTHER INCOME		
TOTAL OTHER INCOME		
TOTAL INCOME		

MEANS OF DISPOSAL (OXIDATION PONDS, TREATMENT PLANTS, OTHER) _____

OPERATING EXPENSES

THE OPERATING EXPENSES OF THE RESPONDENT AS CARRIED ON ITS BOOKS SHOULD BE SHOWN ON THE FOLLOWING PAGES.

ACCOUNT NAME	Current Year
<u>TREATMENT EXPENSES:</u>	
OPERATION SUPERVISION & ENGINEERING _____	_____
PURIFICATION LABOR _____	_____
SUPPLIES & EXPENSES _____	_____
MAINTENANCE SUPERVISION & ENGINEERING _____	_____
MAINTENANCE OF STRUCTURES & IMPROVEMENTS _____	_____
MAINTENANCE OF TREATMENT EQUIPMENT _____	_____
RENTS _____	_____
TOTAL TREATMENT EXPENSES _____	_____
<u>COLLECTION & TRANSMISSION EXPENSES:</u>	
OPERATION SUPERVISION & ENGINEERING _____	_____
DEPARTMENTAL OFFICE EXPENSES _____	_____
SERVICES ON CUSTOMERS' PREMISES _____	_____
MAINTENANCE SUPERVISION & ENGINEERING _____	_____
MAINTENANCE OF STRUCTURE & IMPROVEMENTS _____	_____
MAINTENANCE OF MAINS _____	_____
MAINTENANCE OF OTHER COLLECTION PLANT _____	_____
RENTS _____	_____
OTHER _____	_____
TOTAL COLLECTION & TRANSMISSION EXPENSES	_____
<u>CUSTOMERS' ACCOUNTING & COLLECTION EXPENSES:</u>	
SUPERVISION _____	_____
CUSTOMERS' BILLING & ACCOUNTING _____	_____
MISCELLANEOUS ACCOUNTING & COLLECTING EXPENSES _____	_____
UNCOLLECTIBLE ACCOUNTS _____	_____
RENTS _____	_____
TOTAL CUSTOMERS ACCOUNTING & COLLECTING EXPENSES	_____

OPERATING EXPENSES - CONTINUED

ACCOUNT NAME	Current Year
<u>ADMINISTRATIVE & GENERAL EXPENSES:</u>	
SALARIES OF GENERAL OFFICES & EXECUTIVES _____	_____
OTHER GENERAL OFFICE SALARIES _____	_____
EXPENSES OF GENERAL OFFICERS & GENERAL OFFICE EMPLOYEES _____	_____
GENERAL OFFICES SUPPLIES & EXPENSES _____	_____
MANAGEMENT & SUPERVISION FEES & EXPENSES _____	_____
SPECIAL SERVICES _____	_____
LEGAL SERVICES _____	_____
REGULATORY COMMISSION EXPENSES (INCLUDING SUPERVISION & INSPECTION FEE) _____	_____
INSURANCE _____	_____
INJURIES AND DAMAGE _____	_____
EMPLOYEES' WELFARE EXPENSES & PENSIONS _____	_____
MISCELLANEOUS GENERAL EXPENSES _____	_____
MAINTENANCE OF GENERAL PROPERTY _____	_____
RENTS _____	_____
ADMINISTRATIVE & GENERAL EXP. TRANSFERRED-CR. _____	_____
TOTAL ADMINISTRATIVE & GENERAL EXPENSES _____	_____
TOTAL OPERATING EXPENSES:	_____

DEPRECIATION EXPENSES: (COL. D Pg. 4)	
TAXES: (OTHER THAN INCOME) -GIVE NAME & AMOUNT OF EACH TAX CLAIMED APPLICABLE TO THIS OPERATION ONLY.	
PROPERTY	
FRANCHISE	
GROSS RECEIPTS	
PAYROLL	
OTHER	
TOTAL	
<u>INCOME TAXES:</u>	
FEDERAL	
STATE	
TOTAL	

OTHER INCOME DEDUCTIONS

INTEREST EXPENSE	
RENT EXPENSE ON NON-UTILITY PROPERTY	
MISCELLANEOUS OTHER INCOME DEDUCTIONS	
TOTAL OTHER INCOME DEDUCTIONS	

PREPAYMENTS:

INSURANCE	
OTHER	
TOTAL PREPAYMENTS	
TOTAL (OTHER EXPENSES)	
TOTAL EXPENSES	
<u>NET INCOME</u>	

AFFIDAVIT

State of _____

County/Parish of _____

I, _____, _____ for _____
(Name of Affiant) (Title of Affiant) (Title or Name of Respondent)

attest that it is my duty to have supervision over the books of account of the respondent and to control the manner in which such books are kept. I know that such books have, during the period covered by the foregoing report, been kept in good faith. I carefully examined the said report and to the best of my knowledge and belief the entries contained in the said report have, so far as they related to matters of account, been accurately taken from the said books of account and are in exact accordance therewith. I believe that all other statements of fact contained in the said report are true; and that the said report is a correct and complete statement of the business and affairs of the above named respondents during the period of time.

(Signature of Affiant)

Subscribed and sworn to before me a Notary Public, in and for the State and County/Parish above named, this _____, day of _____, 20_____.

My commission expires _____

(Signature of Notary Public)