

**WASTEWATER UTILITY  
Privately & Investor Owned For  
Profit  
Class C  
Revenues Less than  
\$200,000**

**ANNUAL  
REPORT OF**

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(Exact Legal Name of Company)

**Submitted To  
STATE OF LOUISIANA  
Louisiana Public  
Service Commission**



**FOR THE YEAR ENDING** \_\_\_\_\_

## **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:* \_\_\_\_\_

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### INSTRUCTIONS

If you have financial statements for your system (Balance Sheet and Income Statement) these may be substituted into the report booklet to provide financial data instead of completing form below. Please include Annual Report I&S and Contacts Form with Annual Report.

## 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

	NO. CUST.	\$
SEWERAGE COLLECTION CHARGES	_____	_____

OTHER SEWERAGE REVENUE

FORFEITED DISCOUNTS	\$ _____
CONNECTION FEES	_____
MISC. OPERATING REVENUE	_____
TOTAL OTHER SEWERAGE REVENUE	_____
 TOTAL OPERATING REVENUE	 \$ _____

OTHER INCOME

INTEREST	\$ _____
RENT	_____
MISC. OTHER INCOME	_____
TOTAL OTHER INCOME	_____
 TOTAL INCOME	 \$ _____

MEANS OF DISPOSAL (OXIDATION PONDS, TREATMENT PLANTS, OTHER) \_\_\_\_\_

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## OPERATING EXPENSES

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

ACCOUNT NAME	\$	
<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 &amp; 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 &amp; COLLECTION EXPENSES:</u>		
SUPERVISION _____	_____	_____
CUSTOMERS' BILLING & ACCOUNTING _____	_____	_____
MISCELLANEOUS ACCOUNTING & COLLECTING EXPENSES _____	_____	_____
UNCOLLECTIBLE ACCOUNTS _____	_____	_____
RENTS _____	_____	_____
TOTAL CUSTOMERS ACCOUNTING & COLLECTING EXPENSES	_____	_____

OPERATING EXPENSES - CONTINUED

ACCOUNT NAME	\$	
<u>ADMINISTRATIVE &amp; 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-P.3)

\$ \_\_\_\_\_

TAXES: (OTHER THAN INCOME)

– GIVE NAME & AMOUNT OF EACH TAX CLAIMED  
APPLICABLE TO THIS OPERATION ONLY.

PROPERTY

\_\_\_\_\_

FRANCHISE

\_\_\_\_\_

GROSS RECEIPTS

\_\_\_\_\_

PAYROLL

\_\_\_\_\_

OTHER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL

\$ \_\_\_\_\_

INCOME TAXES:

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	\$ _____

**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. Affiant understands that this report may be shared with the Louisiana Department of Revenue for purposes of Inspection and Supervision Fees and further understands that if this report is received after the due date that a late fee will be assessed.

\_\_\_\_\_  
(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)