

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

ANNUAL REPORT
OF

(Exact Legal Name of Company)

Submitted
To
STATE OF LOUISIANA
Louisiana Public Service Commission



FOR THE YEAR ENDED _____

Exact name of the
Company

Date of
Organization

State whether respondent is a corporation, a joint-stock association, a firm or partnership, or
a Sole proprietorship

Give the names and post office addresses of the various officers called for. If there are receivers, trustees, committees, or other officers not provided for in the list, who are recognized as in the controlling management of the company or of some department of it, give also their names and titles and the location of their offices. If the company is not incorporated, list the names and addresses of all owners, the extent or percentage of ownership of each, and write the words "not incorporated" in the space below.

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.

WATER PLANT

Section A

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					
Meters					
Pumps					
Wells					
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

Section B

Item (A)	Service Life Year (B)	Balance Beginning of Year (C)	Added During Year (D)	Charges During Year (E)	Balance End of Year (F)
Mains					
Services					
Meters					
Pumps					
Wells					
Other					
Total					

OPERATING REVENUES

NO. CUSTOMERS _____

Residential Sales (quantity _____ gals.) _____

Commercial Sales (quantity _____ gals.) _____

Institutions Sales (quantity _____ gals.) _____

Industrial Sales (quantity _____ gals.) _____

Other (quantity _____ gals.) _____

TOTALS: _____

OTHER WATER REVENUE

Forfeited Discounts \$ _____

Connection Fees _____

Miscellaneous Operating Revenue _____

Total Other Water Revenues _____

TOTAL OPERATING REVENUE \$ _____

OTHER INCOME

Interest \$ _____

Rent _____

Miscellaneous Other Income _____

TOTAL OTHER INCOME \$ _____

TOTAL INCOME _____

Source of Supply (Wells; Other) _____

OPERATING EXPENSES

The operating expenses of the respondent as carried on its books should be shown on the following pages.

Account Name	
SOURCE OF SUPPLY EXPENSES:	
Operation Supervision and Engineering	
Operating Labor	
Operating Supplies and Expenses	
Maintenance Supervision and Engineering	
Maintenance of Source of Supply Plant	
Water Purchased for Resale	
Other Water Source Expense	
Rents	
Total Source of Supply Expenses	
PUMPING EXPENSES:	
Operation Supervision and Engineering	
Operation Labor Fuel	
for Pumping Supplies	
and Expenses	
Maintenance Supervision and Engineering	
Maintenance of Structures and Improvements	
Maintenance of Pumping Equipment	
Rents	
Electric Power Purchased	
Total Pumping Expenses	
PURIFICATION EXPENSES:	
Operation Supervision and Engineering	
Purification Labor	
Supplies and Expenses	
Maintenance Supervision and Engineering	
Maintenance of Structures and Improvements	
Maintenance of Pumping Equipment	
Rents	
Total Purification Expenses	

OPERATING EXPENSES - Continued

Account Name	\$
TRANSMISSION AND DISTRIBUTION EXPENSES:	
Operation Supervision and Engineering Departmental Office Expenses Maps and Records Operation of Meters Services on Customers' Premises Maintenance Supervision and Engineering Maintenance of Structures and Improvements Maintenance of Mains Maintenance of Other Distribution Plant Rents	
Total Transmission and Distribution Expenses	
CUSTOMERS' ACCOUNTING and DISTRIBUTION EXPENSES:	
Supervision Customers' Contracts, Orders, Meter Reading and Collecting Customers' Billing and Accounting Miscellaneous Accounting and Collecting Expenses Uncollectible Accounts Rents	
Total Customers' Accounting and Collecting Expenses	
Sales Promotion Salaries and Expenses	

ADMINISTRATIVE AND GENERAL EXPENSES:

Salaries of General Offices and Executives
Other General Office Salaries
Expenses of General Officers and General Office Employees
General Office Supplies and Expenses
Management and Supervision Fees and Expenses
Special Services
Legal Services
Regulatory Commission Expenses (Including Supervision and Inspection Fee)
Insurance
Injuries and Damages
Employees' Welfare Expenses and Pensions
Miscellaneous General Expenses
Maintenance of General Property
Rents
Administrative and General Exp. Transferred-Cr.
Total Administrative and General Expenses

TOTAL OPERATING EXPENSES:

DEPRECIATION EXPENSES: (Col. D - Page 2, Section B)	\$
<p style="text-align: center;">TAXES - (OTHER THAN INCOME) (Give name and amount of each tax claimed applicable to this operation only.)</p> Property Franchise Gross Receipts Payroll Other Total	
<p style="text-align: center;">INCOME TAXES:</p> Federal State <p style="text-align: right;">Total</p>	
<p style="text-align: center;">OTHER INCOME DEDUCTIONS:</p> Interest Expense Ret Exp. On Non-Utility Property Misc. Other Income Deductions <p style="text-align: right;">Total</p>	
<p style="text-align: center;">PREPAYMENTS:</p> Insurance Other <p style="text-align: right;">Total Prepayments:</p>	

TOTAL EXPENSES _____

NET INCOME _____

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)