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
				0

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	$	$	$	$	$ 0.00
SERVICES					0.00
OXIDATION PONDS					0.00
TREATMENT PLANTS					0.00
OTHER					0.00
TOTAL	0.00	0.00	0.00	0.00	0.00

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		$	$	$	$ 0.00
SERVICES					0.00
OXIDATION PONDS					0.00
TREATMENT PLANTS					0.00
OTHER					0.00
TOTAL	0	0.00	0.00	0.00	0.00

OPERATING REVENUES

SEWERAGE COLLECTION CHARGES	NO. CUST.	$
OTHER SEWERAGE REVENUE		
FORFEITED DISCOUNTS		
CONNECTION FEES		
MISC. OPERATING REVENUE		
TOTAL OTHER SEWERAGE REVENUE		0.00
TOTAL OPERATING REVENUE		0.00
OTHER INCOME		
INTEREST		
RENT		
MISC. OTHER INCOME		
TOTAL OTHER INCOME		0.00
TOTAL INCOME		0.00

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
TREATMENT EXPENSES:	
OPERATION SUPERVISION & ENGINEERING	
PURIFICATION LABOR	
SUPPLIES & EXPENSES	
MAINTENANCE SUPERVISION & ENGINEERING	
MAINTENANCE OF STRUCTURES & IMPROVEMENTS	
MAINTENANCE OF TREATMENT EQUIPMENT	
RENTS	
TOTAL TREATMENT EXPENSES	0.00
COLLECTION & TRANSMISSION EXPENSES:	
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	0.00
CUSTOMERS' ACCOUNTING & COLLECTION EXPENSES:	
SUPERVISION	
CUSTOMERS' BILLING & ACCOUNTING	
MISCELLANEOUS ACCOUNTING & COLLECTING EXPENSES	
UNCOLLECTIBLE ACCOUNTS	
RENTS	
TOTAL CUSTOMERS ACCOUNTING & COLLECTING EXPENSES	0.00

OPERATING EXPENSES - CONTINUED

ACCOUNT NAME	Current Year
ADMINISTRATIVE & GENERAL EXPENSES:	
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	$0.00
TOTAL OPERATING EXPENSES:	$0.00

DEPRECIATION EXPENSES: (COL. D Pg. 4)	0.00
TAXES: (OTHER THAN INCOME) -GIVE NAME & AMOUNT OF EACH TAX CLAIMED APPLICABLE TO THIS OPERATION ONLY.	
PROPERTY	
FRANCHISE	
GROSS RECEIPTS	
PAYROLL	
OTHER	
TOTAL	$0.00
INCOME TAXES:	
FEDERAL	
STATE	
TOTAL	$0.00

OTHER INCOME DEDUCTIONS

INTEREST EXPENSE	
RENT EXPENSE ON NON-UTILITY PROPERTY	
MISCELLANEOUS OTHER INCOME DEDUCTIONS	
TOTAL OTHER INCOME DEDUCTIONS	0.00

PREPAYMENTS:

INSURANCE	
OTHER	
TOTAL PREPAYMENTS	0.00
TOTAL (OTHER EXPENSES)	0.00
TOTAL EXPENSES	0.00
NET INCOME	0.00

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)