

**WATER UTILITY**  
**Privately & Investor Owned For Profit**  
**Class C**  
**Revenues Less than \$200,000**  
**Large Water Company Report**

ANNUAL REPORT  
OF

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(Exact Legal Name of Company)

Submitted  
To  
STATE OF LOUISIANA  
Louisiana Public Service Commission



FOR THE YEAR ENDED \_\_\_\_\_

There should appear on this page entries or notations sufficient to show that no questions or time has been overlooked. The word "none" may be used wherever applicable. If returns are not made as required, a brief statement of the reason for the variation or omission should be given.

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

RESIDENTIAL	COMMERICAL	INDUSTRIAL	OTHER/GOV'T	TOTAL

Number of customers/connections at the end of the calendar year

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.

COMPANY NAME, DBA	
PRINCIPAL OFFICE ADDRESS	
PRINCIPAL OFFICE TELEPHONE, FAX & EMAIL	
BUSINESS ENTITY TYPE	
WEBSITE	

**CONTACTS / PRINCIPAL OFFICERS / BOARD MEMBERS**

CONTACT TYPE	NAME	TITLE	ADDRESS	TELEPHONE #	FAX #	E-MAIL

**INDIVIDUAL TO WHOM CORRESPONDENCE CONCERNING THIS ANNUAL REPORT SHOULD BE ADDRESSED**

CONTACT TYPE	NAME	TITLE	ADDRESS	TELEPHONE #	FAX #	E-MAIL

## INSTRUCTIONS

Page five (5) through page ten (10) reports financial data pertinent to your Company. 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 page five (5) through page ten (10).

On page five (5), section A of this report, show cost of the plant items in dollars, not in number of units such as footage for mains. Page five (5), section B 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 six (6), please show the number of customers served in the space below:

Residential:

Commercial:

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					
<b>Total</b>					

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					
<b>Total</b>					

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	
<b>SOURCE OF SUPPLY EXPENSES:</b>	
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	
<b>PUMPING EXPENSES:</b>	
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	
<b>PURIFICATION EXPENSES:</b>	
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	\$
<b>TRANSMISSION AND DISTRIBUTION EXPENSES:</b>	
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	
<b>CUSTOMERS' ACCOUNTING and DISTRIBUTION EXPENSES:</b>	
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	





DEPRECIATION EXPENSES: (Col. D - Page 5, Section B)	\$
<p style="text-align: center;"><b>TAXES - (OTHER THAN INCOME)</b> (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;"><b>INCOME TAXES:</b></p> Federal State  <p style="text-align: right;">Total</p>	
<p style="text-align: center;"><b>OTHER INCOME DEDUCTIONS:</b></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;"><b>PREPAYMENTS:</b></p> Insurance Other  <p style="text-align: right;">Total Prepayments:</p>	

TOTAL (OTHER EXPENSES) \_\_\_\_\_  
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.

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