

LOUISIANA PUBLIC SERVICE COMMISSION

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

(EXACT LEGAL NAME OF COMPANY)

(REPORTED PERIOD)

**THIS REPORT MUST BE FILED WITH THE COMMISSION AT BATON ROUGE,
LOUISIANA, WITHIN NINETY DAYS AFTER CLOSE OF REPORTED PERIOD.**

**LOUISIANA PUBLIC SERVICE COMMISSION
POST OFFICE BOX 91154
BATON ROUGE, LOUISIANA 70821-9154**

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) 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.

IN 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:

NUMBER OF CUSTOMERS SERVED: _____

SEWERAGE PLANT

ITEM	BALANCE BEGINNING OF YEAR	ADDITIONS DURING YEAR	RETIREMENTS DURING YEAR	ABANDONED OR REMOVED FROM SERVICE	BALANCE END OF YEAR
(A)	(B)	(C)	(D)	(E)	(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	SERVICE LIFE (YEARS)	BALANCE BEGINNING OF YEAR	ADDED DURING YEAR (CREDIT)	CHARGES DURING YEAR (DEBIT)	BALANCE END OF YEAR
(A)	(B)	(C)	(D)	(E)	(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) _____

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 & 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	\$	
<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-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.

(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)