

Detailed Instructions for Completing the Business Economic Loss Additional Multi-Facility Business Documentation Sworn Written Statement

The following instructions will take you step-by-step through the Business Economic Loss Additional Multi-Facility Business Documentation Sworn Written Statement (SWS-27). The sections in these instructions refer to the same sections in the Business Economic Loss Additional Multi-Facility Business Documentation Sworn Written Statement.

If your business fits one of the following descriptions, you must complete this Sworn Written Statement.

Group 1: Multi-Facility Businesses which have all Facilities located within the Gulf Coast Areas, which did not maintain separate contemporaneous profit and loss statements for each Facility during the Benchmark Period and 2010, and which elected to file separate claims for one, some, or all of their Facilities.

Group 2: Multi-Facilities Businesses which have one or more Facilities located outside the Gulf Coast Areas and which did not maintain separate contemporaneous profit and loss statements for each Facility during the Benchmark Period and 2010.

Group 3: Multi-Facility Businesses which: have their Headquarters located within the Gulf Coast Areas; have one or more Facilities located outside of the Gulf Coast Area; maintained separate and contemporaneous profit and loss statements for each Facility during the Benchmark Period and 2010; and elected to file a Consolidated Claim.

You must submit a separate Sworn Written Statement for each Claiming Facility of the Multi-Facility Business.

A. CLAIMANT INFORMATION

Business Name:	<p>Provide the name of the Business.</p> <p>If you are completing this Statement online, this information will be pre-populated from the Registration Form. If this information is incorrect, you must return to the Registration Form to correct it. You must not submit this Sworn Written Statement until you enter the correct information in the Registration Form.</p>
Deepwater Horizon Settlement Program Claimant Number:	<p>If you filed a claim with the GCCF, your GCCF Claimant Number will also be your Claimant Number in the Deepwater Horizon Settlement Program. If you did not file a claim with the GCCF, you will receive a new nine-digit Claimant Number when you file your initial Registration Form with the Deepwater Horizon Settlement Program. Put one number in each space.</p> <p>If you do not already have a Deepwater Horizon Settlement Program Claimant Number and you did not file a claim with the GCCF, leave this question blank.</p> <p>If you are completing this Statement online, this information will be pre-populated from the Registration Form. If this information is incorrect, you must return to the Registration Form to correct it. You must not submit this Sworn Written Statement until you enter the correct information in the Registration Form.</p>
Business Address:	<p>If your business is located in only one location, provide the Street, City, State, and Zip Code of the business.</p> <p>If your business has more than one location and you are filing a Multi-Facility claim, provide the address of the location for which you are submitting this Statement.</p> <p>If you are completing this Statement online, you must select the address for the location for which you are submitting this Sworn Written Statement. If your business is located at only one address, only one address will be available in the drop-down menu.</p>

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<p>Business Phone Number:</p>	<p>If your business is located in only one location, provide the phone number of the business.</p> <p>If your business has more than one location and you are filing a Multi-Facility claim, provide the phone number of the location for which you are submitting this Statement.</p> <p>If you are completing this Statement online, this information will be pre-populated from the Registration Form. If this information is incorrect, you must return to the Registration Form to correct it. You must not submit this Sworn Written Statement until you enter the correct information in the Registration Form.</p>
<p>Social Security Number: <i>or</i> Individual Taxpayer Identification Number: <i>or</i> Employer Identification Number:</p>	<p>If you file your business's taxes using your personal Social Security Number or Individual Taxpayer Identification Number, provide your Social Security Number or Individual Taxpayer Identification Number by putting one digit in each space. There are nine spaces provided in this format: XXX-XX-XXXX.</p> <p>If you file your business's taxes using an Employer Identification Number, provide your business's Employer Identification Number by putting one digit in each space. There are nine spaces provided in this format: XX-XXXXXXXX.</p> <p>If you are completing this Statement online, this information will be pre-populated from the Registration Form. If this information is incorrect, you must return to the Registration Form to correct it. You must not submit this Sworn Written Statement until you enter the correct information in the Registration Form.</p>
<p>Date of Incorporation:</p>	<p>Provide the business's Date of Incorporation in a Month/Day/Year format.</p>
<p>Date of Commencement of Operations:</p>	<p>Provide the date on which your business began operations in a Month/Day/Year format.</p>
<p>Authorized Business Representative Name:</p>	<p>Provide the full name of the business's Authorized Business Representative with the last name first, then the first name, and then middle initial (if applicable).</p> <p>If you are completing this Statement online, this information will be pre-populated from the Registration Form. If this information is incorrect, you must return to the Registration Form to correct it. You must not submit this Sworn Written Statement until you enter the correct information in the Registration Form.</p>
<p>Authorized Business Representative Phone Number:</p>	<p>Provide the current phone number of the business's Authorized Business Representative.</p> <p>If you are completing this Statement online, this information will be pre-populated from the Registration Form. If this information is incorrect, you must return to the Registration Form to correct it. You must not submit this Sworn Written Statement until you enter the correct information in the Registration Form.</p>

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Position of Authorized Business Representative:

Provide the position of the business's Authorized Business Representative.

If you are completing this Statement online, this information will be pre-populated from the Registration Form. If this information is incorrect, you must return to the Registration Form to correct it. You must not submit this Sworn Written Statement until you enter the correct information in the Registration Form.

B. REQUIRED VERIFICATIONS

You must carefully review the information in the section labeled "Required Verifications."

By signing or submitting this statement, you are verifying that all of this information is true and accurate to the best of your knowledge. If one of these statements is not true, do not sign or submit this statement.

C. SIGNATURE

Date Signed:

Provide the date of your signature in a Month/Day/Year format.

If you are completing this Statement online, the date will be pre-populated with the date on which you are submitting this Statement.

Signature/Name (Printed or Typed):

Sign your name on the line labeled "Signature." Print or type your name on the line labeled "Name (Printed or Typed)."

If you are completing this Statement online, you will be asked to create an Electronic Signature. Follow the on-screen instructions.