

If you need more space to complete this Sworn Written Statement, attach additional pages and they will be incorporated into this document.

A. CLAIMANT INFORMATION

Name:	Last	First	Middle Initial

Deepwater Horizon Settlement Program Claimant Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>										

Social Security Number: <i>or</i> Individual Taxpayer Identification Number:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>												
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>													

Current Address:	Street		
	City	State	Zip Code

B. COVERED SALES INFORMATION

Entered below is information about each location where I made the claimed Covered Sales.

1.	Address:	Street		
		City	State	Zip Code
	Goods or Services Sold:		Dates of Sales:	

2.	Address:	Street		
		City	State	Zip Code
	Goods or Services Sold:		Dates of Sales:	

3.	Address:	Street		
		City	State	Zip Code
	Goods or Services Sold:		Dates of Sales:	

4.	Address:	Street		
		City	State	Zip Code
	Goods or Services Sold:		Dates of Sales:	

5.	Address:	Street		
		City	State	Zip Code
	Goods or Services Sold:		Dates of Sales:	

C. ADJACENT BUSINESS INFORMATION

For each location listed in Section B, I have provided information below about an Adjacent Business or verified that no such Adjacent Business exists, and indicated any payments I made to that Business in exchange for facilitating my Covered Sales.

1.	Adjacent Business Name:				
	Telephone Number:	()		-	
	Description of Business:				
	Address:	Street			
		City	State	Zip Code	
Payments:	<input type="checkbox"/> I did not make any payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales. <input type="checkbox"/> I did make payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales. Here is a description of the payment type (cash or other value) and how often I paid the business:				
<input type="checkbox"/> No Adjacent Business exists for Location 1.					

2.	Adjacent Business Name:				
	Telephone Number:	()		-	
	Description of Business:				
	Address:	Street			
		City	State	Zip Code	
Payments:	<input type="checkbox"/> I did not make any payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales. <input type="checkbox"/> I did make payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales. Here is a description of the payment type (cash or other value) and how often I paid the business:				
<input type="checkbox"/> No Adjacent Business exists for Location 2.					

3.	Adjacent Business Name:			
	Telephone Number:	()		-
	Description of Business:			

Address

Street

City

State

Zip Code

Payments

I did not make any payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales.
 I did make payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales. Here is a description of the payment type (cash or other value) and how often I paid the business:

No Adjacent Business exists for Location 3.

Adjacent Business Name:

Telephone Number:

(| | |) | | | | | | - | | | | | |

Description of Business:

4. Address:

Street

City

State

Zip Code

Payments:

I did not make any payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales.
 I did make payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales. Here is a description of the payment type (cash or other value) and how often I paid the business:

No Adjacent Business exists for Location 4.

Adjacent Business Name:

Telephone Number:

(| | |) | | | | | | - | | | | | |

Description of Business:

5. Address:

Street

City

State

Zip Code

Payments

I did not make any payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales.
 I did make payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales. Here is a description of the payment type (cash or other value) and how often I paid the business:

No Adjacent Business exists for Location 5.

D. EXPLANATION OF REDUCTION IN EARNINGS

The reduction in my net earnings from Covered Sales from May through December 2010 compared to May through December 2009 was due to or resulted from the Deepwater Horizon Spill because:

E. ALTERNATIVE REVENUE AND EXPENSE INFORMATION

I have marked below whether I submitted independent documents demonstrating revenues and/or expenses associated with my Covered Sales as required in the "Proof of Sales" documentation requirement. If I did not submit independent documents verifying this, I have provided estimates and explanations below.

- I submitted other documents demonstrating revenues associated with my Covered Sales as required in the "Proof of Sales" documentation requirement.
- I am not able to provide independent documents demonstrating the revenues associated with my Covered Sales, so I have estimated those revenues in each of Zone A, B or C for both May through December 2009 and May through December 2010:

Time Period	Zone A Revenues	Zone B Revenues	Zone C Revenues
May – December 2009	\$	\$	\$
May – December 2010	\$	\$	\$

I reached these estimates by multiplying the number of items I sold or services I provided by the price I charged for the good or service, as explained below:

- I submitted other documents demonstrating expenses associated with my Covered Sales as required in the "Proof of Sales" documentation requirement.
- I am not able to provide independent documents demonstrating the expenses associated with my Covered Sales, so I have provided the following descriptions and estimates.

Materials Purchased:			
Place of Purchase:	<i>Specify Business Name</i>		
Address of Provider:	Street		
	City	State	Zip Code

SWS-13	Individual Periodic Vendor Sworn Written Statement	
Cost of Materials:	<i>Specify Total or Per Sale</i>	
Estimated Wages Paid to Employees:	<i>Specify Time Period of Payments</i>	
Any Other Expenses:		
F. ADDITIONAL REQUIRED VERIFICATIONS		
<p>(1) I am unable to provide sufficient tax documentation to support a Business Economic Loss Claim under the Deepwater Horizon Settlement protocols;</p> <p>(2) I have attached copies of all required licenses or confirm that no such license(s) were required; and</p> <p>(3) I have submitted all available documentation regarding revenue and expenses related to the Covered Sales during the periods of May – December 2009 and May – December 2010.</p>		
G. SIGNATURE		
<p>I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.</p>		
Date Signed:	<p>_____/_____/_____ (Month/Day/Year)</p>	<p>_____ Claimant Signature</p> <p>_____ Name (Printed or Typed)</p>