#### **SWS-13 Individual Periodic Vendor Sworn Written Statement** 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 Last Middle Initial Name: **Deepwater Horizon Settlement Program Claimant Number: Social Security Number: Individual Taxpayer Identification Number:** Street Current City State Zip Code Address: **B. COVERED SALES INFORMATION** Entered below is information about each location where I made the claimed Covered Sales. Address: City Zip Code 1. Goods or Dates of **Services** Sales: Sold: Street Address: City Zip Code 2. Goods or **Dates of** Services Sales: Sold: Street Address: City Zip Code 3. Goods or **Dates of Services** Sales: Sold: Street Address: City State Zip Code 4. Goods or Dates of **Services** Sales: Sold: Street **Address** City State Zip Code 5. Goods or Dates of **Services** Sales: Sold:

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## 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.

| Cove  | red Sales.        |  |  |       |   |  |         |         |   |  |
|---|-------------------|--|--|-------|---|--|---------|---------|---|--|
|   | Adjacent Bus      | siness Name:   | 1  |       |   |  |         |         |   |  |
|   | Telephone N       | umber:   | (  | 1 1   | ( |  | _  -  _ |         |   |  |
|   | Description of    | of Business:   |  |       |   |  |         |         |   |  |
| 1.  | Address:          | Business facilitatin   | State Zip Code  The any payments to this Adjacent Business in exchange for the Adjacent and my Covered Sales |       |   |  |         |         |   |  |
|   | Payments:         | 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 1. |                   |  |  |       |   |  |         |         |   |  |
|   | Adjacent Bus      | siness Name:   |  |       |   |  |         |         |   |  |
|   | Telephone Number: |  | (  |       |   |  | _  -  _ | <br> _  |   |  |
|   | Description of    | of Business:   |  |       |   |  |         |         |   |  |
|   |                   | Street   |  |       |   |  |         |         |   |  |
| 2.  | Address:          | City   |  | State |   |  |         | Zip Cod | е |  |
|   | 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 Adjace       | nt Business exists fo  | or Location 2.   |       |   |  |         |         |   |  |
|   | Adjacent Bus      | siness Name:   | 1  |       |   |  |         |         |   |  |
|   | Telephone N       | lumber:  | (  |       | ( |  | _  -  _ | <br> _  |   |  |
| 3.  | Description o     | of Business:   |  |       |   |  |         |         |   |  |

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|-------------------------------------|---|--|---|---|-------------------|--|--|
|                                     | 0.1.1   | Street   |   |   |                   |  |  |
|                                     | Address   | City   |   | State   |                   | Zip Code   |  |
| Business facilitatir  I did make pa |   |  | ng my Covered<br>ayments to this<br>vered Sales. F  | d Sales.<br>s Adjacent Busine:<br>Here is a description | ss in exchange fo | change for the Adjacent or the Adjacent Business nt type (cash or other value) |  |
|                                     | ☐ No Adja   | cent Business exists   | for Location 3.   |   |                   |  |  |
|                                     | Adjacent E  | Business Name:   |   |   |                   |  |  |
|                                     | Telephone   | Number:  | (_  |   |                   | ·  |  |
| Description                         |   | n of Business:   |   |   |                   |  |  |
|                                     | Address:  | Street   | ı   |   |                   |  |  |
| 4.                                  |   | City   |   | State   |                   | Zip Code   |  |
|                                     | Payments:   | ☐ I did not make any payments to this Adjacent Business in exchange for the Business facilitating my Covered Sales. ☐ I did make payments to this Adjacent Business in exchange for the Adjacent facilitating my Covered Sales. Here is a description of the payment type (cash and how often I paid the business: |   |   |                   | or the Adjacent Business   |  |
|                                     | ☐ No Adjacent Business exists for Location 4.             |  |   |   |                   |  |  |
|                                     | Adjacent E  | Business Name:   |   |   |                   |  |  |
|                                     | Telephone   | Number:  | (_  |   |                   |  |  |
|                                     | Descriptio  | n of Business:   |   |   |                   |  |  |
|                                     | 0 -1 -1   | Street   |   |   |                   |  |  |
| 5.                                  | Address:  | City   |   | State   |                   | Zip Code   |  |
|                                     | Payments  | Business facilitatin  I did make pa facilitating my Co   | <ul> <li>☐ I did not make any payments to this Adjacent Business in exchange for the Adjacent Business facilitating my Covered Sales.</li> <li>☐ 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:</li> </ul> |   |                   |  |  |
|                                     | ☐ No Adja   | cent Business exists   | for Location 5.   |   |                   |  |  |

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# **Individual Periodic Vendor Sworn Written Statement**

### D. EXPLANATION OF REDUCTION IN EARNINGS

| The reduction in my | y net earnings from  | Covered Sales   | from May t   | hrough De   | ecember : | 2010 compared | to May | through |
|---------------------|----------------------|-----------------|--------------|-------------|-----------|---------------|--------|---------|
| December 2009 wa    | s due to or resulted | d from the Deep | owater Horiz | zon Spill b | ecause:   |               |        |         |

## E. ALTERNATIVE REVENUE AND EXPENSE INFORMATION

| I have marked below whether I submitted independent documents demonstrating revenues and/o      | r 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 asso | ciated 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<br>Purchased:  |                       |       |          |  |  |  |
| Place of<br>Purchase:  | Specify Business Name |       |          |  |  |  |
| Address of   | Street                |       |          |  |  |  |
| Provider:  | City                  | State | Zip Code |  |  |  |

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|---|---|--|--|--|--|--|
| Cost of<br>Materials:   | Specify Total or Per Sale   |  |  |  |  |  |
| Estimated<br>Wages Paid to<br>Employees:  | Specify Time Period of Payments   |  |  |  |  |  |
| Any Other Expenses:   |   |  |  |  |  |  |
|   | F. ADDITIONAL RE  | QUIRED VERIFICATIONS   |  |  |  |  |
| (1) I am unable to provide sufficient tax documentation to support a Business Economic Loss Claim under the Deepwater Horizon Settlement protocols;   |   |  |  |  |  |  |
| (2) I have attached   | d copies of all required licenses or co                                   | nfirm that no such license(s) were required; and                           |  |  |  |  |
|   | ed all available documentation regard<br>May – December 2009 and May – De | ling revenue and expenses related to the Covered Sales during cember 2010. |  |  |  |  |
|   | G. S  | IGNATURE   |  |  |  |  |
| 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. |   |  |  |  |  |  |
| Date Signed:  | //<br>(Month/Day/Year)  | Claimant Signature  Name (Printed or Typed)                                |  |  |  |  |

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