

If you need more space to complete this Statement, attach additional pages and they will be incorporated into this document. Claimant, you must complete Section A before submitting the Form to the employer.

A. CLAIMANT INFORMATION

Name:		Last	First	Middle Initial
Deepwater Horizon Settlement Program Claimant Number:			_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Social Security Number: <i>or</i>			_ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _	
Individual Taxpayer Identification Number:			_ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _	
Current Address:	Street			
	City		State	Zip Code

B. EMPLOYER INFORMATION

Name:		Last Name or Full Name of Business	First Name	Middle Initial
Address:	Street			
	City		State	Zip Code
Phone Number:		(_ _ _) _ _ _ _ _ - _ _ _ _ _ _ _ _		
Website (if available):				
Social Security Number: <i>or</i>		SSN or ITIN _ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _		
Individual Taxpayer Identification Number: <i>or</i>		EIN _ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _		
Employer Identification Number:		_ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _ _		
Authorized Business Representative Name:		Last	First	Middle Initial

1. Description of the Nature of Business:

2. Compensation Practices for Employees Engaged in Same or Similar Job as the Claimant. Provide information on the typical hours worked for employees holding jobs similar to the claimant's job. Also, provide the typical wage rates per hour for someone engaged in a similar activity as the claimant.	Pay Period. Weekly · Bi-Weekly · Bi-Monthly · Monthly · Other	
	If you selected "Other," provide a description of the other pay period including the number of days in each period.	
	Wage Rates: \$ _____ / Hour	

3. Eligible Employer: An Eligible Employer is an employer that (a) filed a claim in the Deepwater Horizon Settlement Process and established causation according to rules described in Causation Requirements For Business Economic Loss Claims or (b) received a compensation offer from the GCCF.		<input type="checkbox"/> Yes, my business is an Eligible Employer. <input type="checkbox"/> No, my business is not an Eligible Employer.
4. Business Operations. If you checked "No" for Question 3, answer 4A through 4E. If you checked "Yes" for Question 3, go to Question 5. Provide this information for the period April through December of 2009 and 2010 (or April 2010 through April 2012 if you are engaged in the Primary Seafood Industry). If your business is seasonal, provide data for both on and off seasons.		
A. Size of Physical Plant:		
B. Estimated Number of Customers:		
C. Estimated Volume of Product Produced:		
D. Estimated Number of Employees:		Full-Time Employees:
		Part-Time Employees:
E. Financial Information. Provide a description, and attach supporting documents, regarding the size of your physical plant, financial information about your business, and best estimates of your number of customers, volume of product produced, and number of full and part-time employees during the period of time in the Instructions for this Section. If your business is seasonal, provide this information for both the on and off seasons.		
5. Licenses and Permits:	<input type="checkbox"/> My business required a permit from April 21 through December 31, 2009 and 2010 (or April 21, 2009-April 20, 2010 and April 21, 2010-April 20, 2011 if I am in the Primary Seafood Industry), and I am attaching copies of the licenses and/or permits. <input type="checkbox"/> My business did not require a license or permit in both 2009 and 2010.	
C. EMPLOYEE INFORMATION		
Provide the following information about your employee, or former employee.		
1. Nature of Work the Employee Performed:		
2. Number of Years the Employee Worked for the Business:	Start Date: ____/____/____ End Date (if applicable): ____/____/____	Total Number of Years: _____

3. Type of Work:	Steady Employment Seasonal Year-Round Intermittent
4. Circumstances Surrounding Employee's Departure or Termination (if applicable):	
5. Compensation (Fill out this section if your business is not engaged in the Primary Seafood Industry):	
(a) April 21 through December 31, 2009: Wage rate: \$_____ ; Total Compensation: \$_____	
(b) April 21 through December 31, 2010: Wage rate: \$_____ ; Total Compensation: \$_____	
(c) April 21 through December 31, 2011: Wage rate: \$_____ ; Total Compensation: \$_____	
<p>(d) Additional Time: Provide additional payment information that you deem relevant:</p> <p>(1) Time Period: ___/___/___ to ___/___/___</p> <p>(2) Wage rate: \$_____</p> <p>(3) Total Compensation: \$_____</p>	
<p>(e) Other Relevant Information: To the extent that I am unable to provide the specific information above, here I describe the general work dates the claimant worked, and average compensation that the claimant earned while working at our business:</p>	
6. Compensation (Fill out this section if your business is engaged in the Primary Seafood Industry)	
(a) April 21, 2009 through April 20, 2010: Wage rate: \$_____ ; Total Compensation: \$_____	
(b) April 21, 2010 through April 20, 2011: Wage rate: \$_____ ; Total Compensation: \$_____	
(c) April 21, 2011 through April 20, 2012: Wage rate: \$_____ ; Total Compensation: \$_____	
<p>(d) Additional Time: Provide additional payment information that you deem relevant:</p> <p>(1) Time Period: ___/___/___ to ___/___/___</p> <p>(2) Wage rate: \$_____</p> <p>(3) Total Compensation: \$_____</p>	

(e) Other Relevant Information: To the extent that I am unable to provide the specific information above, here I describe the general work dates the claimant worked, and average compensation that the claimant earned while working at our business:

7. Claimant's Work Hours: Describe how your business terminated claimant, reduced his hours, withdrew an offer of employment, did not offer employment as a seasonal employee, or otherwise altered the claimant's work hours after April, 20, 2010.

8. Proof of Causation: Provide a specific explanation of how the reduction, elimination, or alteration of the claimant's work hours were due to or resulted from the Spill.

D. SIGNATURE

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:

____/____/____
(Month/Day/Year)

Employer Signature

Name (Printed or Typed)