

# MANAGEMENT ENTITY ANNUAL REPORT

FOR YEAR 20 \_\_

Management Entity (ME) Name: \_\_\_\_\_

Certificate No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_

## BALANCE SHEET

### ASSETS:

1	Cash	_____	1
2	Accounts Receivable	_____	2
3	Materials & Supplies	_____	3
4	Other Assets (Describe in notes)	_____	4
	5 TOTAL ASSETS	\$ _____	5

### LIABILITIES:

Current Liabilities:			
6	Accounts Payable	\$ _____	6
7	Notes Payable	_____	7
8	Other	_____	8
Long-Term Liabilities			
9	Notes Payable	\$ _____	9
10	Bonds Payable	_____	10
11	Other	_____	11
12	Customer Deposits	_____	12
	13 TOTAL LIABILITIES	\$ _____	13

### STOCK HOLDERS EQUITY:

Capital Stock:			
14	Common Stock	\$ _____	14
15	Preferred Stock	_____	15
16	Additional Paid in Capital	_____	16
17	Other (see notes)	_____	17
Retained Earnings:			
18	Unappropriated	\$ _____	18
19	Appropriated	_____	19
	20 TOTAL STOCKHOLDERS EQUITY	\$ _____	20
	21 <u>TOTAL LIABILITIES &amp; STOCKHOLDERS EQUITY</u>	\$ _____	21

## STATEMENT OF EARNINGS FOR YEAR 20 \_\_

**OPERATING REVENUES:**

1	Sewer Service Revenue	\$ _____	1
2	Miscellaneous Revenue	_____	2
3 TOTAL OPERATING REVENUE		\$ _____	3

**OPERATING EXPENSES:**

<b>Salaries and Wages:</b>			
4	Officer's or Owners Salaries	\$ _____	4
5	Officers Salaries	_____	5
6	Maintenance & Services Labor	_____	6
7	Other Salaries & Wages	_____	7
8 TOTAL SALARIES AND WAGES		\$ _____	8
9	Cost of Maintenance Material	_____	9
10	Auto & Truck Expenses	_____	10
11	Office Expenses	_____	11
12	Computer Expenses	_____	12
13	Miscellaneous Expense	_____	13
14	Tax (Except Income)	_____	14
15	Income Taxes	_____	15
16	Licenses and Fees	_____	16
17	_____	_____	17
18	_____	_____	18
19	_____	_____	19
20 TOTAL OPERATING EXPENSES		\$ _____	20

21	NET OPERATING INCOME:	\$ _____	21
22	Other Income Deductions	\$ _____	22
23	_____	\$ _____	23
24	_____	\$ _____	24
25	_____	\$ _____	25

	26 NET OPERATING PROFIT OR (LOSS)	\$ _____	26
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### CUSTOMER DATA

	Number of Customers
<b>Flat Rate Service:</b>	
Residential	_____
Business	_____
Industrial	_____
Total	_____

**CASH FLOW STATEMENT**  
**FOR THE YEAR ENDED \_\_\_\_\_**

**Beginning Cash Balance** \_\_\_\_\_

**Revenue:**

Sewer Service \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Total Revenue** \_\_\_\_\_

**Expenses:**

Automotive Expenses \_\_\_\_\_

Dues and Subscriptions \_\_\_\_\_

Insurance \_\_\_\_\_

Maintenance \_\_\_\_\_

Office \_\_\_\_\_

Professional and Operators \_\_\_\_\_

Repairs \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes Other \_\_\_\_\_

Taxes Property \_\_\_\_\_

Taxes Income \_\_\_\_\_

Utilities \_\_\_\_\_

Other Expenses \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

**Net Profit** \_\_\_\_\_

Other Accruals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Net Change in Operating Cash \_\_\_\_\_

**Ending Cash** \_\_\_\_\_

