



The City of New York
BUSINESS INTEGRITY COMMISSION
100 Church Street · 20th Floor
New York · New York 10007
Tel. (212) 676-6219 · Fax (212) 676-6204

FINANCIAL STATEMENTS

2008

LICENSEE

LICENSE NUMBER

FISCAL/CALENDAR YEAR ENDED: _____

COMPANY CONTACT:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

DEFINITION OF GENERAL TERMS

AFFILIATED ENTITIES / COMPANIES -- (also known as related companies) is defined as all affiliates of the licensee including its management and their immediate families, its principals and their immediate families, its investments accounted for by the equity method, beneficial employee trusts that are managed by the licensee and any party that may, or does, deal with the licensee and has ownership of, control over, or can significantly influence the management or operating policies of the licensee to the extent that an arms length transaction may not be achieved.

REGULATED WASTE – means putrescent and non-putrescent garbage, recyclable materials, and rubbish collected from within the limits of New York City and subject to the maximum rates established by the Business Integrity Commission.

NON-REGULATED WASTE – means medical waste and sharp materials, construction and demolition debris, or waste collected within New York City that are not subject to the maximum rates, and refuse collected outside of the New York City limits.

RECYCLING CENTER – means any facility operated to facilitate the separation, collection, processing or marketing of recyclable materials for reuse or sale such as paper, textile, plastic and etc.

**FISCAL YEAR END STATEMENTS ARE REQUIRED TO BE FILED FOR ALL PERIODS ENDING SUBSEQUENT TO JUNE 1,
2008 THROUGH MAY 31, 2009**

LICENSEE NAME: _____

LICENSE NO.: _____

INDEPENDENT AUDITOR'S REPORT

LICENSEE NAME: _____

LICENSE NO.: _____

PRINCIPALS

	PRINCIPAL # 1	PRINCIPAL # 2
Name (include maiden name where applicable)		
Home Address(es)		
Home Telephone No.		
Fax No.		
Cellular No.		
Date of Birth		
Social Security No.		
Business Address(es)		
Business Telephone No.		
Email address		
Title(s)		
From (date)		
To (date)		
% of Ownership		
Number of Shares		

LICENSEE NAME: _____

LICENSE NO.: _____

PRINCIPALS

	PRINCIPAL # 3	PRINCIPAL # 4
Name (include maiden name where applicable)		
Home Address(es)		
Home Telephone No.		
Fax No.		
Cellular No.		
Date of Birth		
Social Security No.		
Business Address (es)		
Business Telephone No.		
Email address		
Title(s)		
From (date)		
To (date)		
% of Ownership		
Number of Shares		

LICENSEE NAME: _____

LICENSE NO.: _____

AFFILIATED ENTITIES				
	ENTITY 1	ENTITY 2	ENTITY 3	ENTITY 4
Name of Affiliated Entity				
Principal(s) of Affiliated Entity (ALL)				
Address(es)				
Telephone No.				
Fax No.				
Email Address of Affiliated Entity				
Licensee - % Ownership in Affiliated Entity				
Number of Shares Owned in Affiliated Entity				
Licensee Principal / Officer - % Ownership in Affiliated Entity				
Number of Shares Owned in Affiliated Entity				
Type of Business				

Please Explain How Each Entity is Affiliated with Licensee or Licensee's Principal:

LICENSEE NAME: _____

LICENSE NO.: _____

COMPARATIVE BALANCE SHEET			
ASSETS & OTHER DEBITS			
TITLES OF ACCOUNTS	2008	2007	Increase / (Decrease)
CURRENT ASSETS:			
Cash			
Accounts receivable - Net			
Other accounts receivable			
Prepaid expenses			
Interest and dividends receivable			
Miscellaneous current assets			
Total Currents Assets			
FIXED ASSETS:			
General property			
Accumulated depreciation			
Net Fixed Assets			
OTHER ASSETS:			
Long Term investments			
Notes/Loans receivable: Affiliated Co.			
Notes/Loans receivable: Non-affiliated Co.			
Total Other Assets			
Goodwill			
TOTAL ASSETS			

LICENSEE NAME:

LICENSE NO.:

COMPARATIVE BALANCE SHEET			
LIABILITIES & OTHER CREDITS			
TITLES OF ACCOUNTS	2008	2007	Increase / (Decrease)
CURRENT LIABILITIES:			
Trade accounts payable			
Accrued interest			
Notes/Loans payable - Affiliated Co.			
Notes/Loans payable - Other			
Income taxes			
Other current liabilities			
Total Current Liabilities			
LONG TERM LIABILITIES:			
Notes/Loans payable – Affiliated Co.			
Notes/Loans payable - Other			
Total Long Term Liabilities			
Other liabilities			
TOTAL LIABILITIES			
SHAREHOLDER'S EQUITY:			
Common Stock			
Preferred Stock			
Additional Paid in Capital			
Retained Earnings			
Treasury Stock			
TOTAL SHAREHOLDER'S EQUITY			
TOTAL LIABILITIES & SHAREHOLDER'S EQUITY			

LICENSEE NAME: _____

LICENSE NO.: _____

COMPARATIVE INCOME STATEMENT			
TITLES OF ACCOUNTS	2008	2007	Increase / (Decrease)
OPERATING REVENUE:			
Putrescible Waste - Cubic Yards			
Putrescible Waste - Tons			
Construction & Demolition Debris			
Total Operating Revenue			
LESS: Operating Expenses			
GROSS PROFIT			
GENERAL & ADMINISTRATIVE EXPENSES:			
General Operating Expenses			
Administrative Expenses			
Depreciation Expense			
Amortization Expense			
Interest Expense			
Taxes Other than Income & Payroll Taxes			
Total General & Administrative Expenses			
INCOME FROM OPERATIONS			
OTHER INCOME:			
Net Income from Regulated Medical & Sharp Material Waste			
Net Income from Recycling			
Net Income from Sale of Paper/Cardboard			
Net Income from Transfer Station			

LICENSEE NAME:

LICENSE NO.:

COMPARATIVE INCOME STATEMENT (CONTINUED)			
TITLES OF ACCOUNTS	2008	2007	Increase / (Decrease)
Net Income from property leased to others			
Net Income from investments			
Net Misc. Income			
Total Other Income			
Net Income(Loss) before Income Taxes			
Income Taxes			
Net Income(Loss) Before Extraordinary Items			
Extraordinary items			
NET INCOME(LOSS)			

LICENSEE NAME: _____

LICENSE NO.: _____

COMPARATIVE STATEMENT OF CASH FLOWS		
TITLES OF ACCOUNTS	2008	2007
Cash Flows from Operating Activities:		
Net Income		
Adjustments to reconcile net income to net cash provided(used) by operating activities:		
Depreciation		
Amortization		
Deferred income taxes		
Other (income) and expenses		
Gain on sale of business(es)		
Gain on sale of property, plant & equipment		
Other, net		
Changes in assets and liabilities:		
Decrease (Increase) in trade receivable		
Decrease (Increase) in other accounts receivable		
Decrease (Increase) in prepaid expenses		
Decrease (Increase) in interest and dividend receivable		
Decrease (Increase) in miscellaneous current assets		
Net Cash Provided (Used) by Operating Activities		

LICENSEE NAME: _____

LICENSE NO.: _____

COMPARATIVE STATEMENT OF CASH FLOWS (CONTINUED)		
TITLES OF ACCOUNTS	2008	2007
Cash Flows from Investing Activities:		
Proceeds from sale of property, plant & equipment		
Other investing activities (specify)		
Net Cash Provided (Used) by Investing Activities		
Cash Flows from Financing Activities:		
Short term borrowings, net		
Long term borrowings, net		
Proceeds from line of credit		
Payment from line of credit		
Principal payments on long term debt		
Other financing activities		
Net Cash Provided (Used) by Financing Activities		
Net Increase (Decrease) in Cash and Cash Equivalents		
Cash and Cash Equivalents at Beginning of Year		
Cash and Cash Equivalents at End of Year		

LICENSEE NAME: _____

LICENSE NO.: _____

OPERATING EXPENSES

TITLES OF ACCOUNTS	2008	2007	Increase / (Decrease)
Payroll Costs:			
Drivers and Helpers			
Union Benefits			
Payroll Taxes			
Workers' Compensation Insurance			
Disability Insurance			
Other Payroll Costs			
Total Payroll Costs			
Truck Expenses:			
Gas			
Tolls			
Depreciation			
Repairs & Maintenance			
Mechanic's Salaries			
Payroll Taxes and Fringe Benefits			
Insurance			
License Fees			
Leasing Expense			
Other Truck Expenses			
Total Truck Expenses			

LICENSEE NAME: _____

LICENSE NO.: _____

OPERATING EXPENSES			
TITLES OF ACCOUNTS	2008	2007	Increase / (Decrease)
Other Operating Expenses:			
Garage Rental			
Repairs & Maintenance			
Dispatchers			
Garage Employees			
Insurance			
Utilities & Telephone			
Yard Expense			
Container Expense			
Service Vehicles – Expense			
Radio Equipment – Expense			
Dumping Expense – Putrescibles			
Dumping Expense – C&D			
Subcontracting Expense			
Outside Labor			
Other			
Total Other Operating Expenses			
Total Operating Expenses			

LICENSEE NAME: _____

LICENSE NO.: _____

GENERAL OPERATING & ADMINISTRATIVE EXPENSES			
TITLES OF ACCOUNTS	2008	2007	Increase / (Decrease)
General Operating Expenses:			
Light, Heat, Power & Water			
Telephone Expenses			
Repairs, Structures & Improvements			
General Maintenance Expense			
Travel and Entertainment			
Professional Fees			
Consultant Fees			
Bad Debt Expense			
Franchise Income & Business Taxes			
Other Taxes			
Advertising and Promotion			
Other General Operating Expenses			
Total General Operating Expenses			

LICENSEE NAME: _____

LICENSE NO.: _____

GENERAL OPERATING & ADMINISTRATIVE EXPENSES			
TITLES OF ACCOUNTS	2008	2007	Increase / (Decrease)
Administrative Expenses:			
Salaries – Officers			
Salaries – Employees			
Postage & Supplies			
Other Regulatory Expenses			
Dues & Subscriptions			
Office Rental			
Rentals – Structures & Improvements			
Payroll Taxes and Fringe Benefits			
Office Insurance			
Charitable Contributions			
Fines and Penalties			
Other Administrative Expenses			
Total Administrative Expenses			
Total General Operating & Administrative Expenses			

LICENSEE NAME: _____

LICENSE NO.: _____

NOTES TO FINANCIAL STATEMENTS

LICENSEE NAME: _____

LICENSE NO.: _____

REVENUE ANALYSIS
OPERATING REVENUE

Operating Revenue (NYC)				
	Total NYC Regulated Customers (#)	Total NYC Regulated Revenue (\$)	Total NYC Construction & Demolition Revenue (\$)	Total NYC Revenue
Regulated - Cubic Yards				
Regulated - Tons				
Construction & Demolition				
TOTAL OPERATING REVENUE				

OTHER INCOME

	Gross Revenue	Dump Expense	Other Expenses	Net Income
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Other Income:

Regulated Medical & Sharp Material				
Recycling				
Sale of Paper/Cardboard				
Transfer Station				
Property Leased to Others				
Investments				
Miscellaneous (please specify):				
TOTAL				

LICENSEE NAME: _____
 LICENSE NO.: _____

TRUCK & CONTAINER ANALYSIS

TRUCKS

TRUCKS (USED IN THE COLLECTION OF REFUSE)	TOTAL # OF COMPACTORS IN FLEET	TOTAL # OF NON-COMPACTORS IN FLEET	TOTAL
Rear End Loaders			
Front End Loaders			
Roll-off Trucks			
Compactors			
Dump Trucks			
Other (please specify)			
Total # of Trucks			

OTHER VEHICLES:

Service Vehicles			
Company Cars			
Total Other Vehicles			

LICENSEE NAME: _____

LICENSE NO.: _____

TRUCK & CONTAINER ANALYSIS (CONTINUED)

CONTAINERS

NUMBER OF CONTAINERS OWNED _____

NUMBER OF CONTAINERS LEASED _____

CAPACITY	# OF CONTAINERS OWNED		# OF CONTAINERS LEASED	
	COMPACTED	NON-COMPACTED	COMPACTED	NON-COMPACTED
1/2 CUBIC YARD				
3/4 CUBIC YARD				
1 CUBIC YARD				
2 CUBIC YARDS				
3 CUBIC YARDS				
4 CUBIC YARDS				
5 CUBIC YARDS				
6 CUBIC YARDS				
7 CUBIC YARDS				
8 CUBIC YARDS				
9 CUBIC YARDS				
10 CUBIC YARDS				
20 CUBIC YARDS				
30 CUBIC YARDS				
45 CUBIC YARDS				
OTHER (please specify)				
OTHER (please specify)				
OTHER (please specify)				
OTHER (please specify)				
TOTAL # OF CONTAINERS				

LICENSEE NAME:

LICENSE NO.:

COLLECTION & DISPOSAL ANALYSIS

Amount of Waste Type Collected in Cubic Yards as per Billing Invoices (NO Estimates)

WASTE TYPE	NYC REGULATED (CUBIC YARDS)	NYC NON- REGULATED (CUBIC YARDS)	GRAND TOTAL (CUBIC YARDS)
Putrescibles			
Construction & Demolition Debris			
Regulated Medical Waste & Sharp Materials			
Catalogs, Phone Books & Magazines			
High grade office paper			
Newspaper			
Cardboard			
Metal Cans			
Wood			
Glass			
Textiles			
Plastic containers			
Aluminum Foils & products			
Metal from C&D debris			
Other (Specify)			
TOTAL WASTE COLLECTED (CUBIC YARDS)			

LICENSEE NAME: _____

LICENSE NO.: _____

COLLECTION & DISPOSAL ANALYSIS

Amount of Waste Type Collected in Tonnage as per Billing Invoices (NO Estimates)

WASTE TYPE	NYC REGULATED (TONS)	NYC NON-REGULATED (TONS)	GRAND TOTAL (TONS)
Putrescibles			
Construction & Demolition Debris			
Regulated Medical Waste & Sharp Materials			
Catalogs, Phone Books & Magazines			
High grade office paper			
Newspaper			
Cardboard			
Metal Cans			
Wood			
Glass			
Textiles			
Plastic containers			
Aluminum Foils & products			
Metal from C&D debris			
Other (Specify)			
TOTAL WASTE COLLECTED (TONS)			

LICENSEE NAME: _____

LICENSE NO.: _____

COLLECTION & DISPOSAL ANALYSIS (CONTINUED)

Amount Disposed in Tonnage as per Dumping Invoices (NO Estimates)

DISPOSAL FACILITY	NYC REGULATED	C & D DEBRIS	MEDICAL WASTE & SHARP MATERIAL	TOTAL
Transfer Station				
Recycling Center				
Incinerator				
Other (specify)				
Total Amount Disposed				

Amount Disposed in Tonnage as per Dumping Invoices (NO Estimates)

New York City				
New York State (other than NYC)				
New Jersey				
Other (specify)				
Total Amount Disposed				

LICENSEE NAME: _____
LICENSE NO.: _____

**AFFIRMATION
OFFICER**

ANY MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THESE FINANCIAL STATEMENTS MAY SUBJECT THE PRINCIPAL AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

The foregoing Audited Financial Statements must be verified by the oath of the president or other principal officer(s) of the company in the case of a corporation, or the proprietor in the case of an individual, or a partner in the case of a partnership.

I, _____ make this oath and say that I am _____ of
(Affiant's Name) (Affiant's Title)

(Exact Legal Title or Name of the Company)

that I have personally examined the foregoing audited financial statements and to the best of my knowledge I believe that all statements of fact contained in these financial statements are true and that these financial statement are a correct and a complete statement of the business these financial statements are true and that these financial statement are a correct and a complete statement of the business these financial statements are true and that these financial statement are a correct and a complete statement of the business.

(Affiant's Signature)

NOTARY PUBLIC

Subscribed and sworn to (or affirmed) before me,
on this _____ day of _____, 2009.

My Commission expires: _____

State of: _____
County of: _____

Notary Public Signature: _____