

ANNUAL REPORT
OF

TO THE
**OKLAHOMA CORPORATION
COMMISSION**

FOR THE YEAR ENDING _____ , 20____
TO BE FILED NOT LATER THAN 90 DAYS AFTER FISCAL YEAR ENDS

License No. _____ Date of Issue _____
to

(name of person, partnership, or corporation to whom license issued)

For Cotton Gin operated under the name of

At

_____ In County of _____
(Location of Gin)

Mailing address of owner or operator:

Name: _____

St. No. or P.O. Box: _____

Town: _____ State: _____

Telephone No.: _____

Fax No. _____

Telephone No. _____

(Other than at Gin Location)

Email Address: _____

STATEMENT OF OWNERSHIP AND HISTORY OF PROPERTY

Location of gins: Not necessary to give legal description of real estate. But if in country state number of miles and general direction from nearest town. County of _____

Is property owned purchased under contract for deed, leased or otherwise?

Is owner or lessee an individual, partnership, or corporation?

Give exact name and office address of owner or lessee of gin Telephone number: (____) ____-____.

Was property built by present gin license holder or purchased from previous owner? _____

If purchased give name of previous owner: _____

State whether the original license or a facsimile is displayed in the gin office. _____

If original is not displayed in the gin where is it kept? _____

If owner did not act as manger or superintendent of gin during past year, give name of superintendent: _____

Give name of general manager who had supervision Over superintendent of plant: _____

Address: _____

Number of gin stands in plant: _____ Saws each: _____ Total saws: _____

Number of idle saws this year: _____. If entire plant idle, did you obtain consent of Corporation Commission to remain dormant for the year? _____. Commission Order: _____

Are you equipped with burr extracting machinery before cotton reaches gin stands? _____

Do you have seed scales? _____ Do you have power un-loader for cotton house? _____

Do you have square bale press? _____

CAPACITY GINNING RECORD:

What is capacity of your plant per two hour day under average operating condition? _____

B.C. for 100 working days it would be _____ B/C.

Date first bale ginned current year: ____-____-____ Date of last bale: ____-____-____ Total number of working days plant ready for operation between first bale and last bale: ____-____-____.

Record of operation for past three years, including current year: ____-____-____

	Second Previous Year	First Previous Year	Current Year	Average
Crops Of Year:				
Company Bales Ginned:				
Custom Bales Ginned:				
Total:				

STATEMENT OF OPERATING EXPENSES
ITEM EXPLANATION

1. Number of B/C purchased _____ B/C (both in seed cotton and lint cotton)	Amount Chargeable To Gin Operation Column I.	Amount Chargeable To Outside Operation Column II.
2. Cotton seed sold _____ Tons		
3. Lint and seed expense (Drayage, Labor, etc.)	\$	\$
4. Telephone (Chg. Op. Col. 1 with rental on phone, but all L.D. calls to O.E. Col. 2)	\$	\$
5. Miscellaneous trading or outside expense	\$	\$
6. Insurance and exchange (all Outside expense)	\$	\$
7. Insurance on cotton and seed purchased by gin	\$	\$
8. Supt. Salary (Chg. to operation after deducting 30c per bale and 10c per ton of seed which should be charged to Trading Expense) (Total Salary shall not exceed \$1.50 per B/C ginned)	\$	\$
9. Weigher salary (all Operation expense) (Note Amt. Charged to outside operations on Item 8 shall not be more than 50% of amount paid to weigher and Supt.)	\$	\$
10. General Office Expense (Incl. Bookkeepers) To be apportioned between Operations and Trading in same proportion as Supt.'s Salary	\$	\$
11. Ginning Labor	\$	\$
12. Fuel or Power (Kind):	\$	\$
13. Repairs (itemize clearly on page 6)	\$	\$
14. Lubrication	\$	\$
15. Water	\$	\$
16. Lights	\$	\$
17. Stationary - Postage (apportion between operating and trading expenses)	\$	\$
18. Insurance: Fire and Tornado on Plan	\$	\$
19. Insurance: Workmen's Compensation and public Liability	\$	\$
20. Insurance: carried by Owner (This will be any insurance coverage not on its own plan. Must be explained on page 10.)	\$	\$
21. Insurance: Paid on Customer Cotton	\$	\$
22. Taxes, Ad. Valorem on Plant	\$	\$
23. Taxes, Social Security	\$	\$
24. Traveling Expense: charge to operations only expenses in connection with operation so gin. All expense concerning trading or outside expense, charge to column two. (Explain fully in page 10.)	\$	\$
25. Drayage (Charge to operations only cost of cleaning yard, hauling burrs, repairs, moving cotton from bale platform to gin yard. All other drayage to outside Explain)	\$	\$
26. Other operation expense not covered by above, Explain on Page 10)	\$	\$
27. TOTALS, (Before Depreciation)	\$	\$
28. Depreciation (from Line 6, Page 9)	\$	\$
29. Grand Total (including depreciation)	\$	\$

STATEMENT OF OPERATING EXPENSES

	Amount Chargeable To Gin Operation Column I.	Amount Chargeable To Outside Operation Column II.
Taxes Ad Valorem on Plant	\$	\$
Taxes, Social Security	\$	\$
Traveling Expense; charge to operations only expense in connection with operations of gin. All expense concerning trading or outside expense charge to Column 2 (Explain fully on page 10.)	\$	\$
Drayage (Chg. To operations only cost of cleaning yard, hauling burrs, repairs, moving cotton from bale platform to gin yard. All other drayage to outside Exp.)	\$	\$
Other operation expense not covered by above, but must be fully explained on Page 10)	\$	\$
TOTALS (Before Depreciation)	\$	\$
Depreciation (from Line 6, Page 9)	\$	
Grand Total (including depreciation)	\$	

STATEMENT OF OPERATING REVENUES

1. Lbs. Picked S/C Ginned		@ \$	\$
2. Lbs. Snapped or Belly Ginned		@ \$	\$
3. Total Lbs. Ginned		Total Ginning Revenue	\$
4. Total Bales Ginned			
5. Sale of Bagging and Ties		@ \$	\$
6. Average Cost (each)	\$	Total Cost	\$
Profit on bagging and ties			\$
7. Total of Revenue from Ginning and Profit on B&T			\$
8. Expense of Gin operations form Line 29, Col. 1, Page 4			\$
9. Profit/Loss from Operating Gin			\$

Percentage of Profit/Loss in operation of Gin, based upon value of Gin Plant shown on Line 10, Page 9.:

_____ **% Profit**

(divided into Line 9 above)

_____ **% Loss**

1. Cost of Real Estate	\$ _____
2. Original cost of building and machinery, plus cost of additions made prior to this year.	\$ _____
3. Additions are made during current year (from Page 8)	\$ _____
4. Total Cost of Real Estate Building and Machinery	\$ _____
5. Amount of Depreciation accrued on Building and Machinery prior to the beginning of year.	\$ _____
6. Five percent of original cost shown on Line 2 – Depreciation current year.	\$ _____
7. Total (Line 5 plus Line 6)	\$ _____
8. Replacements listed Page 7	\$ _____
9. Net depreciation reserve this date (Line 7 Minus Line 8)	\$ _____
10. Sound value of plant end of current year (Line 4 minus Line 9)	\$ _____

EXPLANATORY REMARKS

This space may be used with appropriate cross-reference for any detail for which the space provided for in the form is inadequate.

Multiple horizontal lines for providing explanatory remarks.

VERIFICATION

The foregoing report must be verified by the oath of the owner, president or other chief officer of the Respondent.

OATH

(By Owner, President or other officer of the Respondent)

State of..... }ss
County of.....

_____ makes oath and says that he is
(insert here name of Affiant)
_____ of
(insert here the official title of the Affiant)

(insert here the exact legal title or name of the Respondent)

That he has carefully examined the foregoing report; that he believes that all statements of facts contained in the said report are true and that the said report is a correct and complete statement of the business and affairs of the above-named respondent during the time from

And including _____ To and including _____ 20
(Signature of Affiant)

Subscribed and sworn to before me, a _____ In and for the State and
County above named, this _____ Day of _____ 20 _____ Use an
My Commission expires _____ 20 _____ Impression Seal
L.S.

(Signature of officer authorized to administer oaths)

BE SURE TO INCLUDE INSURANCE COVERAGE INFORMATION
See letter for details.