



**MAILING ADDRESS:**

STATE WATER RESOURCES CONTROL  
DIVISION OF FINANCIAL ASSISTANCE  
UST CLEANUP FUND  
P.O. BOX 944212  
SACRAMENTO, CA 94244-2120

**PHYSICAL ADDRESS:**

STATE WATER RESOURCES CONTROL  
DIVISION OF FINANCIAL ASSISTANCE  
UST CLEANUP FUND  
1001 I STREET  
SACRAMENTO, CA 95814

**Worksheet for Priority Class B Claimants**

Claim Number: \_\_\_\_\_

Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Answer the questions below to identify potential affiliates.

1. Claimant entity type:

- Individual or Sole Proprietorship
- Partnership
- Trust
- Corporation
- Limited Liability Company
- Limited Liability Partnership
- Joint Venture

2. Enter the names of all owners or shareholders of the claimant. Claimants that are corporations also must list all officers. (Attach additional paper, if necessary.)

<u>Name</u>	<u>Title</u>	<u>Ownership %</u>	<u>Home Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Claimants must answer "yes" or "no" to each of the eight questions below to identify potential affiliate business relationships.

During any of the relevant tax years, did the Claimant or its individual owners or officers:

- a) Have a controlling ownership interest in another business?  YES  NO
- b) Share or have common owners with another business?  YES  NO
- c) Share or have common management with another business?  YES  NO  
(Management refers to the owners or officers that control the business' decisions and day to day operations.)
- d) Have a family member(s) engaged in a similar or commonly related business activity to that of the claimant?  YES  NO
- e) Have a financial relationship with another business, consisting of loans or assistance to meet bond, security, or credit requirements?  YES  NO  
(Exclude those with public financial institutions.)
- f) Have a contractual relationship between the claimant and another business consisting of assignments or transfer of title(s)?  YES  NO
- g) Share facilities, equipment, or systems with another business?  YES  NO
- h) Share employees with another business?  YES  NO



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**Worksheet for Priority Class B Claimants (cont'd)**

Claim Number: \_\_\_\_\_

Name: \_\_\_\_\_

- 4 If you answered "yes" to any question in the preceding section, in the first column below name each business that applies to the "yes" response. List a business only once, but identify all claimant relationships associated with that business. (Attach additional paper, if necessary.)

Name & Address of Business (i.e., Potential Affiliate of Claimant)	Name of the Claimant's Owner or Officer that is Associated with the Named Business	Relationship of Claimant's Owner or Officer with the Named Business (include ownership %, if applicable)	Number of Employees of Named Business

5. Submit Federal Tax Returns (FTR) for each affiliate named above for the three years prior to the date of claim application to the Fund. The Fund will use information from the FTRs to calculate the amount of gross annual receipts to determine the claimant's appropriate Priority Class. Also, please submit DE-6 documents for each affiliate named above for four quarters prior to the date of claim application to the Fund. The Fund will use the information from the DE-6's to calculate the number of employees to determine the claimant's appropriate priority class.