



The City of New York
BUSINESS INTEGRITY COMMISSION
100 Church Street · 20th Floor
New York · New York 10007
Tel. (212) 437-0500 · Fax (646) 500-7096 Year:

BROKER FINANCIAL STATEMENTS	
CALENDAR/FISCAL YEAR BEGINNING:	
REGISTRANT NAME:	
REGISTRANT NUMBER:	
REGISTRANT E-MAIL ADDRESS:	
CALENDAR/FISCAL YEAR ENDED:	
ACCOUNTING METHOD:	
COMPANY CONTACT	
NAME:	
TITLE:	
ADDRESS:	
TELEPHONE:	
FAX:	
EMAIL:	
EXTERNAL PREPARER (IF APPLICABLE)	
NAME/FIRM:	
TELEPHONE:	
PREPARER E-MAIL:	
SERVICE PERFORMED:	
AUDIT	
REVIEW	
COMPILATION	

The .PDF version of the Financial Statements document provides the ability to complete the form using a computer. It is advisable that when you first open the .PDF document you name and save a copy on your computer and do all your work in that document. You may complete the form in several sessions and save your entries in the document as you work and also at the end of each session.

Prior to submitting your finalized financial statements, review it for accuracy, sign, date the Certification and Signature page.

DEFINITION OF GENERAL TERMS

AFFILIATED ENTITIES / COMPANIES -- (also known as related companies) is defined as all affiliates of the registrant 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 registrant and any party that may, or does, deal with the registrant and has ownership of, control over, or can significantly influence the management or operating policies of the registrant to the extent that an arms length transaction may not be achieved.

BROKERAGE SERVICE – representing an entity for the purpose of securing trade waste removal by a licensed or registered provider.

REGULATED WASTE – 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 – 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.

WASTE STREAM ANALYSIS / EVALUATION SERVICES - analysis of an entity's waste stream to recommend a cost efficient means of waste disposal or to make other recommendations with respect to related business practices.

REGISTRANT NAME:		REGISTRANT NO.:	
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(PLEASE EXPLAIN IN DETAIL THE TYPE(S) OF SERVICES YOU PROVIDE)

SERVICES PROVIDED

REGISTRANT NAME:		REGISTRANT NO.:	
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INDEPENDENT ACCOUNTANT'S REVIEW REPORT

OR

INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

ACCOUNTANT'S REPORT

REGISTRANT NAME:		REGISTRANT NO.:	
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PLEASE LIST ALL PRINCIPALS - ATTACH ADDITIONAL PAGES AS NECESSARY

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		

REGISTRANT NAME:		REGISTRANT NO.:	
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PRINCIPALS (continued)

	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		

REGISTRANT NAME:		REGISTRANT NO.:	
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PRINCIPALS (continued)

	PRINCIPAL # 5	PRINCIPAL # 6
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		

PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY

REGISTRANT NAME:		REGISTRANT NO.:	
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	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 or Web Address				
Registrant - % Ownership in Affiliated Entity				
Number of Shares Owned in Affiliated Entity				
Registrant Principal / Officer - % Ownership in Affiliated Entity				
Number of Shares Owned in Affiliated Entity				
Business Industry				
Type of Organization (C-Corporation, S-Corporation, Limited Liability Corporation, Partnership, Limited Liability Partnership, Sole Proprietor, etc.)				

Please Explain How Each Entity is Affiliated with Registrant and/or Registrant's Principal(s):

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REGISTRANT NAME:		REGISTRANT NO.:	
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	AFFILIATED ENTITIES (continued)			
	ENTITY 5	ENTITY 6	ENTITY 7	ENTITY 8
Name of Affiliated Entity				
Principal(s) of Affiliated Entity (ALL)				
Address(es)				
Telephone No.				
Fax No.				
Email Address of Affiliated Entity or Web Address				
Registrant - % Ownership in Affiliated Entity				
Number of Shares Owned in Affiliated Entity				
Registrant Principal / Officer - % Ownership in Affiliated Entity				
Number of Shares Owned in Affiliated Entity				
Business Industry				
Type of Organization (C-Corporation, S-Corporation, Limited Liability Corporation, Partnership, Limited Liability Partnership, Sole Proprietor, etc.)				

Please Explain How Each Entity is Affiliated with Registrant and/or Registrant's Principal(s):

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PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY

REGISTRANT NAME:		REGISTRANT NO.:	
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BALANCE SHEET			
ASSETS & OTHER DEBITS			
TITLES OF ACCOUNTS			Increase / (Decrease)
CURRENT ASSETS:			
Cash and Cash Equivalents			
Accounts Receivable - Trade			
Accounts Receivable - Other			
Prepaid Expenses			
Interest and Dividends Receivable			
Deferred Taxes			
Other Current Assets			
Total Current Assets			
FIXED ASSETS:			
Fixed Assets - Net of Accumulated Depreciation			
Total Fixed Assets			
Goodwill			
Other Intangible Assets			
OTHER ASSETS:			
Long-term Investments			
Notes/Loans Receivable: Affiliated Co.			
Notes/Loans Receivable: Shareholder/Principal			
Notes/Loans Receivable: Non-affiliated Co.			
Total Other Assets			
TOTAL ASSETS			

REGISTRANT NAME:		REGISTRANT NO.:	
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BALANCE SHEET			
LIABILITIES & OTHER CREDITS			
TITLES OF ACCOUNTS			Increase / (Decrease)
CURRENT LIABILITIES:			
Accounts Payable - Trade			
Accounts Payable - Other			
Accrued Interest			
Current Portion of Notes/Loans Payable - Affiliated Co.			
Current Portion of Notes/Loans Payable - Shareholder/Principal			
Current Portion of Notes/Loans Payable - Other			
Income Taxes Payable			
Deferred Taxes			
Other Current Liabilities			
Total Current Liabilities			
LONG TERM LIABILITIES:			
Notes/Loans Payable – Affiliated Co.			
Notes/Loans Payable - Shareholder/Principal			
Notes/Loans Payable - Other			
Other Long-Term Liabilities			
Total Long Term Liabilities			
TOTAL LIABILITIES			
SHAREHOLDER'S EQUITY:			
Common Stock			
Preferred Stock			
Additional Paid-In Capital			
Retained Earnings (Deficit)			
Treasury Stock			
TOTAL SHAREHOLDER'S EQUITY			
TOTAL LIABILITIES & SHAREHOLDER'S EQUITY			

REGISTRANT NAME:		REGISTRANT NO.:	
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COMPARATIVE INCOME STATEMENT			
TITLES OF ACCOUNTS			Increase / (Decrease)
OPERATING REVENUE:			
Broker Revenue from:			
Putrescible Waste			
Construction & Demolition Debris			
Waste Stream Analysis/Evaluation Service			
Cardboard Recycling			
Container Rental			
Other Operating Revenue (please specify):			
Total Operating Revenue (Page 21)			
LESS: Operating Expenses (totals from Page 17)			
GROSS PROFIT			
GENERAL & ADMINISTRATIVE EXPENSES:			
General Operating Expenses (from Page 18)			
Administrative Expenses (from Page 19)			
Depreciation Expense			
Amortization Expense			
Interest Expense			
Taxes Other than Income & Payroll			
Total General & Administrative Expenses			
INCOME FROM OPERATIONS			

REGISTRANT NAME:		REGISTRANT NO.:	
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COMPARATIVE INCOME STATEMENT (CONTINUED)			
TITLES OF ACCOUNTS			Increase / (Decrease)
OTHER INCOME:			
Net Income from Recycling (Other)			
Net Income from Property Leased to Others			
Net Income from Investments			
Sale/Disposal of Fixed Assets			
Interest Income			
Consulting Fee			
Net Miscellaneous Income (please specify)			
Total Other Income (Page 21)			
Net Income (Loss) Before Income Taxes			
Income Taxes			
Net Income (Loss) Before Extraordinary Items			
Extraordinary Items			
NET INCOME (LOSS)			

REGISTRANT NAME:		REGISTRANT NO.:	
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COMPARATIVE STATEMENT OF CASH FLOWS		
TITLES OF ACCOUNTS		
Cash Flows from Operating Activities:		
Net Income (Loss)		
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 Fixed Assets		
Loss on Disposal of Fixed Assets		
Other, Net		
Changes in Assets and Liabilities:		
Decrease (Increase) in Trade Receivables		
Decrease (Increase) in Other Receivables		
Decrease (Increase) in Prepaid Expenses		
Decrease (Increase) in Interest and Dividend Receivable		
Decrease (Increase) in Miscellaneous Current Assets		
Increase (Decrease) in Trade Payables		
Increase (Decrease) in Other Assets		
Net Cash Provided (Used) by Operating Activities		

REGISTRANT NAME:		REGISTRANT NO.:	
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COMPARATIVE STATEMENT OF CASH FLOWS (CONTINUED)		
TITLES OF ACCOUNTS		
Cash Flows from Investing Activities:		
Net Income (Loss)		
Acquisition of Fixed Assets		
Proceeds from Sale of Fixed Assets		
Purchase of Short-term Investments		
Proceeds from Maturity of Short-term Investments		
Other Investing Activities (please 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		
Dividend Payments		
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 *		

*Must agree to the Cash and Cash Equivalents amount on Page 10

REGISTRANT NAME:		REGISTRANT NO.:	
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OPERATING EXPENSES			
TITLES OF ACCOUNTS			Increase / (Decrease)
Payroll Costs:			
Salaries - Brokers / Sales Personnel			
Salaries - Waste Specialists / Engineers			
Sales Commissions			
Payroll Taxes			
Workers' Compensation Insurance			
Disability Insurance			
Other Payroll Costs (please specify)			
Total Payroll Costs			

Service Vehicle Expenses:			
Gas			
Tolls			
Depreciation			
Repairs & Maintenance			
Insurance			
License Fees			
Leasing Expense			
Other Truck Expenses (please specify)			
Total Service Vehicle Expenses			

*Must agree to the Operating Expenses totals on Page 12

REGISTRANT NAME:		REGISTRANT NO.:	
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GENERAL OPERATING & ADMINISTRATIVE EXPENSES			
TITLES OF ACCOUNTS			Increase / (Decrease)
General Operating Expenses:			
Utilities Expense (Light, Power, Heat, Water)			
Telephone Expenses			
General Maintenance Expense			
Travel and Entertainment			
Professional Fees			
Consultant Fees			
Bad Debt Expense			
Franchise Income & Business Taxes			
Sales Tax Expense			
Other Taxes			
Advertising and Promotion			
Trade Shows			
Other General Operating Expenses (please specify)			
Total General Operating Expenses *			

*Must agree to the General Operating Expenses totals on Page 12

REGISTRANT NAME:		REGISTRANT NO.:	
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GENERAL OPERATING & ADMINISTRATIVE EXPENSES			
TITLES OF ACCOUNTS			Increase / (Decrease)
Administrative Expenses:			
Salaries – Officers & Executives			
Salaries – Employees			
Postage & Supplies			
Other Regulatory Expenses			
Dues & Subscriptions			
Office Insurance			
Bank Charges			
Profit Sharing Plan			
Charitable Contributions			
Payroll Taxes and Fringe Benefits			
Fines and Penalties			
Other Administrative Expenses (please specify)			
Total Administrative Expenses *			
Total General Operating & Administrative Expenses			

* Must agree to the Administrative Expenses totals on Page 12

REGISTRANT NAME:		REGISTRANT NO.:	
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NOTES TO FINANCIAL STATEMENTS

REGISTRANT NAME:		REGISTRANT NO.:	
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REVENUE ANALYSIS

OPERATING REVENUE

	Putrescibles (Cubic Yards)	Putrescibles (Tons)	Construction & Demolition Debris	Regulated Medical & Sharp Material Waste	Used Cooking Oil - Yellow Grease (Gallons)	Grease Trap Waste - Brown Grease (Gallons)	Shredded Paper	Paper / Cardboard	Compost	Other operating revenue:	TOTAL
Revenue (\$) - NYC											
Revenue (\$) - Other than NYC Revenue											
TOTAL OPERATING REVENUE *											

Number of Customers - NYC											
Number of Customers - Other than NYC Customers											
Total Number of Customers											

* Must agree to the Total Operating Revenue amounts on Page 12

REGISTRANT NAME:		REGISTRANT NO.:	
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REVENUE ANALYSIS

OTHER INCOME

OTHER INCOME:	Gross Revenue	Related Expenses	Net Income
Income from Recycling (Other)			
Income from Property Leased to Others			
Income from Investments			
Sale/Disposal of Fixed Assets			
Interest Income			
Consulting Fee			
Net Miscellaneous Income (please specify in detail)			
TOTAL *			

* Net Income totals must agree to the amounts on Page 13

REGISTRANT NAME:		REGISTRANT NO.:	
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REGISTRANT NAME:		REGISTRANT NO.:	
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COLLECTION & DISPOSAL ANALYSIS (CONTINUED)
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DISPOSAL FACILITY(IES) UTILIZED BY CARTERS
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DISPOSAL FACILITY	ADDRESS	TYPE OF WASTE DISPOSED	TOTAL AMOUNT (GALLONS) DISPOSED AT FACILITY	TOTAL AMOUNT (TONS) DISPOSED AT FACILITY	TOTAL COST (\$) AT DISPOSAL FACILITY

REGISTRANT NAME:		REGISTRANT NO.:	
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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 Broker 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)

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

CERTIFICATION

I certify that all statements made on these Financial Statements are complete and truthful to the best of my knowledge and belief, and I understand that the willful false statement of any material fact herein may subject me to criminal charges.

 (Affiant's Signature)

 (Date)