

If no **Tax Information Documents** are available for either 2010 or the Base Year(s), you must provide the information on this Statement in **Section B**.

If neither **Tax Information Documents**, nor **Pay Period Earnings Documentation** is available, you must provide the information on this Statement in both **Sections B and C**.

A. CLAIMANT INFORMATION

Name:	Last	First	Middle Initial
Deepwater Horizon Settlement Program Claimant Number:		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Social Security Number: or Individual Taxpayer Identification Number:		_ _ _ _ _ _ _ - _ _ _ _ - _ _ _ _ _ _ _	
Current Address:	Street		
	City	State	Zip Code

B. TAX INFORMATION

You must affirm that you have made diligent efforts to obtain Tax Information Documents for 2010 and any of the years that you wish the Claims Administrator to consider for your Base Year(s). Check N/A if you do not wish the Claims Administrator to consider the years 2007 and 2008 as your Base Year(s), or 2011 is not applicable to you. "Diligent efforts" include requesting Forms W-2 from your employer(s) for any of the years checked, as well as requesting transcripts of these records from the IRS for each employer.

- | | |
|--|---|
| 1. I have made diligent efforts to obtain Tax Information Documents for 2007 and the documents are unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. I have made diligent efforts to obtain Tax Information Documents for 2008 and the documents are unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. I have made diligent efforts to obtain Tax Information Documents for 2009 and the documents are unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I have made diligent efforts to obtain Tax Information Documents for 2010 and the documents are unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. I have made diligent efforts to obtain Tax Information Documents for 2011 and the documents are unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

C. PAY PERIOD EARNINGS INFORMATION

You must affirm that you have made diligent efforts to obtain Pay Period Documentation for 2010 during any length of time that you chose for your Compensation Period, or the period that you wish the Claims Administrator to consider for your Compensation Period, and for the period of time during any of the years that you wish the Claims Administrator to consider for your Benchmark Period in your Base Year(s). Fill in the time periods for which you are missing Pay Period Earnings Information. Check N/A if you do not wish the Claims Administrator to consider the years 2007 and 2008 as your Base Year(s), or 2011 is not applicable to you.

- | | |
|---|---|
| 1. I have attempted to obtain Pay Period Earnings Documentation for ___/___/2007 through ___/___/2007 and the documents are unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. I have attempted to obtain Pay Period Earnings Documentation for ___/___/2008 through ___/___/2008 and the documents are unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3. I have attempted to obtain Pay Period Earnings Documentation for ___/___/2009 through ___/___/2009 and the documents are unavailable. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4. I have attempted to obtain Pay Period Earnings Documentation for ___/___/2010 through ___/___/2010 and the documents are unavailable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I have attempted to obtain Pay Period Earnings Documentation for ___/___/2011 through ___/___/2011 and the documents are unavailable.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

D. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

Date Signed:	<p align="center"> _____/_____/_____ (Month/Day/Year) </p>	<hr/>
		<p align="center">Claimant Signature</p> <hr/>
		<p align="center">Name (Printed or Typed)</p>