SWS-38	Sworn Written Statement for Claimant Accounting Support

Complete the following sections based on the information you were requested to prepare and submit on behalf of the claimant. If you need more space to complete this Sworn Written Statement ("Statement"), attach additional pages and they will be incorporated into this document.

A. CLAIMANT INFORMATION

Name:	Last Name or Full Name of Business	First	Middle Initial
Deepwater Horizon Settlement Program Claimant Number:	|___|___|___|___|___|___|___|___|___|		
Social Security Number: *or* **Individual Taxpayer Identification Number:** *or* **Employer Identification Number:**	SSN or ITIN ___ - ___ - ___ EIN ___ - ___		
Current Address:	Street		
	City	State	Zip Code

B. PREPARER INFORMATION

Check the box that applies to you. You must only select one:

- ☐ I am a Certified Public Accountant.
- ☐ I am an Enrolled Agent (31 U.S.C. §§ 330, 10.3(c)).
- ☐ I am an individual with an IRS Preparer Tax Identification Number (PTIN).
- ☐ I am under the direct supervision of a Certified Public Accountant, an Enrolled Agent, or an individual with an IRS Preparer Tax Identification Number (PTIN).

If you indicate that you work under the direct supervision of a Certified Public Accountant, an Enrolled Agent, or an individual with an IRS Preparer Tax Identification Number (PTIN), your supervisor must also complete Section C.

Name:	Last	First	Middle Initial
Address:	Street		
	City	State	Zip Code
Telephone Number:	(___|___|___) ___|___|___| - ___|___|___|___|		
Email Address:			
Accountant Website (if available):			

C. SUPERVISOR INFORMATION

If you supervised the preparer identified in Section B that performed accounting services to complete a Claim Form or prepare documentation on behalf of a Claimant, you must complete Section C and check the box that applies to you. You must only select one:

☐ I am a Certified Public Accountant.

☐ I am an Enrolled Agent (31 U.S.C. §§ 330, 10.3(c)).

☐ I am an individual with an IRS Preparer Tax Identification Number (PTIN).

Name:	Last	First	Middle Initial
Address:	Street		
	City	State	Zip Code
Telephone Number:	(___|___|___) |___|___|___| - |___|___|___|___|		
Email Address:			
Accountant Website (if available):			
Professional License Number:			
IRS Preparer Tax Identification Number:			

D. CONTRACT INFORMATION

Check the box that applies to you. You must only select one:

☐ I have a written agreement with the claimant for the work done for the claimant and attach a copy of that agreement to this Statement.

☐ I do not have a written contract but instead have an oral agreement with the claimant for the work done for the claimant that provides these terms (describe the payment and other terms of the agreement; attach additional sheets if necessary): _____

_____

_____

_____

_____

E. STATEMENTS BY PREPARER

By completing and signing this Sworn Written Statement for Claimant Accounting Support:

(1) I swear and affirm to the Claims Administrator for the Deepwater Horizon Economic and Property Damages Settlement Program ("Settlement Program") under penalty of perjury pursuant to 28 U.S.C. Section 1746 that: (a) all the information contained 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 correct, and (b) I have the required licenses in my state, my license is active, and it is in good standing by the regulatory bodies in that state.

(2) I verify to the best of my knowledge that I have submitted information provided to me by the claimant and prepared documentation on a consistent basis and I have not ignored the implications of information known or reasonably suspected to be untrue, incomplete, inconsistent, or inaccurate.

(3) I agree that if I have a contingency fee arrangement with the claimant, any payment by the Settlement Program as Claimant Accounting Support for hours worked by my firm or me will be credited to any amount owed by the claimant to my firm or me under that contingency fee arrangement.

F. SIGNATURE

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:	_____/_____/_____ (Month/Day/Year)	_____ Accountant or Preparer Signature _____ Name (Printed or Typed)