

**Louisiana Bar Owners COVID-19 Litigation**  
*City Bar, Inc. v. Edwards, No. C-703353*  
 19th Judicial District Court, East Baton Rouge Parish (Div. 22)

**Claim Form - Attachment A**

(NOTE: A separate Sworn Proof of Claim Form MUST be completed for each claimant)

**Class Member Information**

Type or print neatly in blue or black ink.

Entity/Business (Bar) Name

"Doing Business As" (DBA) Name

LDR Acct. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Louisiana Department of Revenue Account # for Sales Tax Purposes (13 Digits)

**Claim Information - Monthly Revenue Data**

The Payment Allocation Formula is based on monthly revenue data from July 2019 to May 2021. The Settlement Administrator will use monthly revenue data reported by the Louisiana Department of Revenue ("LDR") for sales tax purposes to calculate your settlement award using the Payment Allocation Formula. If you believe the monthly sales tax revenue data reported by LDR may be incorrect or fails to capture all sources of revenue for your bar, enter your total monthly revenues from July 2019 to May 2021 in the section below. You must also submit relevant documentation which supports the additional revenue figures provided in this section compared to the LDR sales tax data.

**Monthly Revenue Data (2019)**

Month	Revenue (\$)	Month	Revenue (\$)
July 2019	\$	October 2019	\$
August 2019	\$	November 2019	\$
September 2019	\$	December 2019	\$

**Monthly Revenue Data (2020)**

Month	Revenue (\$)	Month	Revenue (\$)
January 2020	\$	July 2020	\$
February 2020	\$	August 2020	\$
March 2020	\$	September 2020	\$
April 2020	\$	October 2020	\$
May 2020	\$	November 2020	\$
June 2020	\$	December 2020	\$

**Monthly Revenue Data (2021)**

Month	Revenue (\$)	Month	Revenue (\$)
January 2021	\$	April 2021	\$
February 2021	\$	May 2021	\$
March 2021	\$		

**Claim Information - Revenue Supporting Documentation**

Please attach documentation which supports the revenue figures provided above. The Settlement Administrator will review both the monthly revenue data and documentation provided in this Attachment along with the LDR sales tax data to determine which revenue numbers will be utilized in the Payment Allocation Formula.

**Part 4: Attestation and Signature**

I hereby swear or affirm, under penalty of perjury, that all of the foregoing information is true and correct. I understand that my Claim Form may be subject to audit, verification, and Court review and that I may be required to provide additional information to establish that my claim is valid. I also understand that by submitting this claim, I am releasing all Released Claims, as detailed in the Settlement Agreement and Long Form Notice, available for review at [www.LaBarSettlement.com](http://www.LaBarSettlement.com).

Entity/Business (Bar) Name

"Doing Business As" (DBA) Name

Printed Name of Class Member Representative

Signature of Class Member Representative

Title of Class Member Representative

Date