

Justice of the Peace – Sworn Financial Statement

Name: Paul Dupont
Ward/District: Ward 4 / Dist. 7 Parish: St. Landry
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This annual sworn financial statement is required to be filed by March 31 with the Legislative Auditor by sending a pdf copy by email to ereports@lla.la.gov or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Justice of the Peace (your name) Paul Dupont, who, duly sworn, deposes and says that the financial statements herewith given presents fairly the financial position of the Court of St. Landry Parish, Louisiana, as of December 31, 2019, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) Paul Dupont, who duly sworn, deposes, and says that the Justice of the Peace of Ward or District Ward 4, Dist. 7 and St. Landry Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2019, and accordingly, *is required to provide a sworn financial statement and affidavit* and is not required to provide for a compilation report for the previously mentioned fiscal year.

Paul Dupont
JP SIGNATURE

Sworn to and subscribed before me, this 30 day of May, 2020

Betty Heath
NOTARY PUBLIC SIGNATURE & SEAL



Under provisions of state law, this report is a public document. A copy of this report will be submitted to the Governor, to the Attorney General, and to other public officials as required by state law. A copy of this report will be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and online at www.lla.la.gov.

Justice of the Peace - Sworn Financial Statement/Compensation Schedule

Amount

Receipts/Supplemental Report

Enter the amount of your State/Parish Salary from JP W-2 Form, Box 1 (do NOT send your W-2 form to the Legislative Auditor).

3600.00
1700.00

If you collected any fees as JP, enter the amount.

If the parish paid conference fees directly to the Attorney General for you, enter the amount the parish paid.

If you paid conference fees to the Attorney General and you were reimbursed for them (and/or reimbursed for conference-related travel expenses), enter the amount reimbursed.

If you collected any other receipts as JP (e.g., benefits, housing, unvouchered expenses, per diem), describe them and enter the amount:

Type of receipt _____

Type of receipt _____

Expenses

If you paid any fees you collected to your constable, enter the amount paid.

350.00
150.00

If you have employees (not your constable), enter the amount you paid them in salary/benefits.

If you had any travel expenses as JP (including travel that was reimbursed), enter the amount paid.

If you had any office expenses such as rent, utilities, supplies, etc., enter the amount paid.

If you had any other expenses as JP, describe them and enter the amount:

Type of expense _____

Type of expense _____

Remaining Funds

If JPs have any cash left over after paying the expenses above, the remaining cash is normally kept by the JP as his/her salary. If you have cash left over that you do NOT consider to be your salary, please describe below.

Fixed Assets, Receivables, Debt, or Other Disclosures

JPs normally do not have fixed assets, receivables, debt, or other disclosures associated with their JP office. If you do have fixed assets, receivables, debt, or other disclosures required by state or federal regulations, please describe below.

		a Employee's social security number 433-25-9470		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 726001256				1 Wages, tips, other compensation 3600.00		2 Federal income tax withheld 0.00	
c Employer's name, address, and ZIP code ST. LANDRY PARISH GOVERNMENT 118 S. COURT ST. OPELOUSAS, LA 70570				3 Social security wages 3600.00		4 Social security tax withheld 223.20	
				5 Medicare wages and tips 3600.00		6 Medicare tax withheld 52.20	
				7 Social security tips		8 Allocated tips	
d Control number				9		10 Dependent care benefits	
e Employee's name, address, and ZIP code PAUL DUPONT P.O. BOX 554 MELVILLE, LA 71353				11 Nonqualified plans		12a See instructions for box 12	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number LA 1388933001		16 State wages, tips, etc. 3600.00		17 State income tax 72.00		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

2019

Department of the Treasury—Internal Revenue Service

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FAST! Use

