Print Form

Reset

## STATEMENT OF REVENUE

FY-2025 Mo. PSC Assessment

"Certificated or Registered IVoIP" UT (Provide the full name of the company as certification and Commission approved d/b/a or fictition)	ated or registered with the Missour		breviate.
	_	,	
NAME		TITLE	
E-MAIL ADDRESS			E #
hereby certify that the GROSS named Company in the State o NOTE: THE GROSS INTRASTATE OPERATIONAL MISSOURI JURISDICTIONAL OPERATIONAL OPER	f Missouri, for the calc	endar year 2023, is: THIS STATEMENT MUST MATCH TH	IE
**IF REPORTING ZERO REVENUE, DO YO			
ELECTRIC OPERATION GAS OPERATING RESERVATING OPERATION WATER OPERATING SEWER OPERATING TELEPHONE/IVoIP O	VENUE IG REVENUE REVENUE REVENUE	JE	
		SIGNATUR	RE
State of	.)		
County of	_)		
Sworn to and subscribed befor day of		n and for said County and	l State this
DATE MONTH	YEAR		
(SEAL)			
		NOTARY PUBI	IC
My commission expires	·		