Print Form Reset

STATEMENT OF REVENUE

FY-2027 Mo. PSC Assessment

"Certificated or Registered IVoIP" UTILITY COMPANY NAME & ADDRESS

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission. Do not abbreviate. Include any Commission approved d/b/a or fictitious name, if applicable.)

_____

_____

_____

_____

COMPANY E-MAIL ADDRESS

I, _____, _____

NAME **TITLE**

_____, _____

E-MAIL ADDRESS **TELEPHONE #**

hereby certify that the GROSS INTRASTATE OPERATING REVENUE of the above-named Company in the State of Missouri, for the calendar year 2025, is:

NOTE: THE GROSS INTRASTATE OPERATING REVENUE REPORTED ON THIS STATEMENT MUST MATCH THE **TOTAL MISSOURI JURISDICTIONAL OPERATING REVENUES** REPORTED ON THE COMPANY'S ANNUAL REPORT.

****IF REPORTING ZERO REVENUE, DO YOU WISH TO RETAIN YOUR OPERATING CERTIFICATE?_____ YES_____ NO**

ELECTRIC OPERATING REVENUE	$ 0.00
GAS OPERATING REVENUE	$ 0.00
HEATING OPERATING REVENUE	$ 0.00
WATER OPERATING REVENUE	$ 0.00
SEWER OPERATING REVENUE	$ 0.00
TELEPHONE/IVoIP OPERATING REVENUE	$ 0.00
TOTAL	$ 0.00

_____

SIGNATURE

State of _____)

County of _____)

Sworn to and subscribed before me a Notary Public in and for said County and State this

_____ day of _____ , _____ .

DATE MONTH YEAR

(SEAL)

_____

NOTARY PUBLIC

My commission expires _____.

Mail one notarized copy of this statement to the Missouri Public Service Commission, Budget & Fiscal Services Department, P.O. Box 360, Jefferson City, MO 65102 or 200 Madison St., Jefferson City, MO 65101 (overnight delivery). NO LATER THAN MARCH 31, 2026