Company Name

(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.)

TELECOMMUNICATIONS COMPANY OR IVoIP PROVIDER ANNUAL REPORT TO THE MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of
January 1 - December 31, _____

Please select how the company is certificated or registered with the Commission under the Company Name as shown above (check all that apply):

- ☐ Incumbent Local Telecommunications Company (not competitively classified ILEC)
- ☐ Incumbent Local Exchange Telecommunications Company (competitively classified ILEC)
- ☐ Competitive Local Exchange Telecommunications Company (CLEC)
- ☐ Interexchange Telecommunications Company (IXC)
- ☐ Local Non-switched Telecommunications Provider (classified in EFIS as IXC)
- ☐ Interconnected Voice over Internet Protocol Service Provider (IVoIP)

If more than one certificate or registration is held by the company then keep in mind that you must file an annual report in the Commission's Electronic Filing and Information System (EFIS) based on each certificate or registration. In such situations, we anticipate the annual reports to be identical; however please verify the following:

- ☐ The various annual reports filed in EFIS are **identical.**
- ☐ The various annual reports filed in EFIS are **different.**
- ☐ Not applicable *(Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)*

Please choose <u>one</u> of the following filing options to indicate the security level of the filing:

- ☐ **Public submission** (NOT Proprietary or Highly Confidential)
- ☐ **Non-Public submission** (Highly Confidential or Proprietary)
  (See instructions for special requirements.)

Please review the instructions document before proceeding by using the link below:
Instructions - Annual Report Telco and IVoIP

☐ For use when filing under seal.

Annual Report of _____

for the calendar year of January 1 - December 31, _____

1. State in full the company's information below:

Company Street Address	Telephone Number
Company Mailing Address (if different from street address)	Fax Number
City State Zip	E-Mail Address

2. This company is currently a (check appropriate box):

- ☐ Corporation
- ☐ Sole Proprietorship
- ☐ LP
- ☐ Partnership
- ☐ LLC
- ☐ Other - Explain

3. Annual Report Contact Information:

List the contact information of the person completing the form, whether an employee or a third-party preparer. This may differ from the address in Item No. 1.

Name	Telephone Number
Street Address	Fax Number
Mailing Address	E-mail Address
City State Zip	

4. Identify the principal or general officers of the company at the end of the year.

Please include an additional sheet, if enough space is not provided on this page, to completely provide the requested information.

Title of General Officer	Name of Person Holding Office

5. Please provide a list of all mergers, consolidations, and reorganizations involving the registered or certificated company and completed during the last year.

Do not include internal company reorganizations or personnel issues.

Annual Report of _____

for the calendar year of January 1 - December 31, _____

6. Please provide the following information concerning the company's revenues for this calendar year:

Row	Revenues	MO Jurisdictional (Column A)	Total Company[1] (Column B)
I. RETAIL	**	** **	**
1.	**Local Service Revenues** include tariffed revenues attributed to local telecommunications services, extended area service, secondary features such as call forwarding, caller ID, local operator services, directory-related services, etc. and for IVoIP service.		
2.	**Interexchange Revenues** include revenues attributed to interexchange telecommunications services such as toll services, 800 services, interexchange operator services and interexchange IVoIP services.		
3.	**Non-Switched Telecommunications Service Revenues** include revenues attributed to retail local and interexchange private line services (but not special access or private line services provided to other telecommunications carriers).		
4.	**Bundled or Packaged Revenues** include any revenues whereby the company is providing voice services in combination with multiple services whereby revenue can not be easily attributed to local, interexchange or non-switched categories. If such bundles includes Internet, video or some non-regulated service then the company's revenue shall be based on the company's rate offer for solely voice services. The excess revenue associated with the bundled service which is over the amount related to revenue associated with voice only service shall be recorded in the Total Company column. If voice service is only offered as part of a bundled service, the company shall identify all revenue associated with the bundle of services in the Missouri Jurisdictional column.		
5.	**Retail Uncollectible Revenues** from telecommunications revenues. (This amount is generally a negative number.)		
6.	**RETAIL TOTAL** (This amount should equal the total of Rows 1 - 5 above and should also match your **Missouri Universal Service Fund Net Jurisdictional Revenue Report** amount.)		
II. OTHER			
7.	**Wholesale Revenues** include intrastate switched, special access service revenues, carrier billing and collection revenues, and any other revenues derived from other telecommunications carriers.		
8.	**Miscellaneous Revenues[2] associated with non-retail services,** such as, advertising revenues, rent revenues, corporate operations revenues, special billing arrangements, customer operations, plant operations, other incidental regulated revenues, and other revenue settlements. (***NOTE FOR ILEC ONLY*** : refer to FCC account #s: 5230, 5240, 5250, 5261, 5262, 5263, 5264, 5269, and 5270.)		
9.	**Other Uncollectible Revenues** from other revenues. (This amount is generally a negative number.)		
10.	**High-Cost Federal USF Revenues** include all revenues received as support from the Universal Service Fund for the High-Cost program.	N/A	
11.	**Other Federal USF Revenues** include all revenues received as support from the Universal Service Fund for the following programs: Low Income, Schools and Libraries, and Rural Health.	N/A	
12.	**State USF Revenues** include all revenues received as support from the Universal Service Fund.		
13.	**TOTAL REVENUES** (This amount should equal the total of Rows 6 - 12 above.) Total MO Jurisdictional Revenue (Column A) should match Total Gross Intrastate Operating Revenue on the **Statement of Revenue.**		

"Telecommunications Service" as defined by Missouri Revised Statutes Section 386.020(54).
"Interconnected Voice over Internet Protocol service" as defined by Section 386.020(23) RSMo.

[1] List total regulated revenue and IVoIP revenue provided by a registered company and, if applicable, non-regulated revenue for company name as listed at the top of this page.
Do not include revenues for any company NOT listed at the top of the page.

[2] If you have miscellaneous revenue related to retail telecommunications services, then enter it in Row 1.

For use when filing under seal.

Annual Report of _____

for the calendar year of January 1 - December 31, _____

7. Line Quantities for Local Voice Service & IVoIP Service[1]

Exchange[2]	**	Retail: Residential	**	**	Retail: Business	**	**	Wholesale to Non-Registered Nomadic IVoIP Providers[3]	**
Totals:									

[1] See instructions for additional clarification about filling out this page.

[2] **Exchange** refers to areas as listed in ILEC tariffs. *(Exchanges are not always the same as rate centers, wire centers and central offices.)*

[3] **Wholesale to Non-registered Nomadic IVoIP Providers** refers to arrangements where your company is providing wholesale services for a nomadic IVoIP provider who is not registered with the Missouri PSC. (Do not use this column for retail line quantities or if your company sets the end user's rates.)

For use when filing under seal.

Annual Report of _____

for the calendar year of January 1 - December 31, _____

Relay Missouri Annual Billing, Collections and Retention

8. Any ILEC, CLEC or VoIP provider must submit information in the table below.[1]
(The table should be completely filled-in. The only exception is if a company is reporting "0" line quantities on page 4 whereby insert $0 in the total row for each of the three columns.)

Month	Relay Missouri Revenue Collected (collected or received, according to your record-keeping methods)		Relay Missouri Retention Amount (of the amount collected)		Relay Missouri Revenue Remitted to Commission (of the amount collected)	
	**	**	**	**	**	**
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total						

9. Please indicate the per line value of the Relay Missouri Surcharge applied to your customers in December.

10. If your firm did not impose the Relay Missouri Surcharge, please explain:

[1] Companies classified in the MoPSC's EFIS system solely as IXCs are not expected to complete this page.

For use when filing under seal.

Annual Report of _____

for the calendar year of January 1 - December 31, _____

VERIFICATION

The foregoing report must be verified by the oath of the President, Treasurer, General Manager or Receiver of the company. The oath required may be taken before any person authorized to administer an oath (Notary Public) by the laws of the State in which the same is taken.

OATH

State Of _____ }
} ss:
County Of _____ }

_____ makes oath and says th
Name of Affiant (Company Official/Representative)

s/he is _____
Official Title of the Affiant (Company Official/Representative)

of _____
Exact Legal Title or Name of the Respondent (Certificated Company Name)

and is located at _____ ,
Address and Telephone Number of the Affiant (Company Official/Representative)

that s/he has 1) examined the foregoing report; to the best of his or her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent, and 2) examined (and updated as applicable) the company's contact information in EFIS; to the best of his or her knowledge, information, and belief, all listed contacts are correct.

from January 1 , _____ , to and including December 31 , _____
Month/Day Year Month/Day Year

_____
Signature of Affiant (Company Official/Representative)

Subscribed and sworn to before me, a Notary Public, in and for the State and County above named,

this _____ day of _____ , _____

My Commission expires _____ , _____

_____
Signature of Notary Public

Missouri Revised Statutes § 392.210 or §393.140

When filing this form electronically, electronic signatures are acceptable. See the instructions for details.