

# STATEMENT OF REVENUE

*FY-2020 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 2018, 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**

<b>ELECTRIC OPERATING REVENUE</b>	_____
<b>GAS OPERATING REVENUE</b>	_____
<b>HEATING OPERATING REVENUE</b>	_____
<b>WATER OPERATING REVENUE</b>	_____
<b>SEWER OPERATING REVENUE</b>	_____
<b>TELEPHONE/IVoIP OPERATING REVENUE</b>	_____
<b>TOTAL</b>	_____

\_\_\_\_\_  
**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 \_\_\_\_\_.

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**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, 2019**

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