
Company Name

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

**TELECOMMUNICATIONS/IVoIP ANNUAL REPORT
TO THE
MISSOURI PUBLIC SERVICE COMMISSION**

**For the Calendar Year of
January 1 - December 31, 2024**

This filing is required pursuant to Commission Rule 20 CSR 4240-28.012 and Section 392.210 RSMo.

Please select how the company is certificated and/or registered with the Commission (check all that apply):

- Incumbent Local Telecommunications Company (ILEC)
- Competitive Local Exchange Telecommunications Company (CLEC)
- Interexchange or Local Non-Switched Telecommunications Company (IXC)
- Interconnected Voice over Internet Protocol Service Provider (IVoIP)

If unsure of the company's authorization, see list of companies at: https://psc.mo.gov/Forms/Telecommunications_Forms

Please choose one of the following filing options to indicate the security level of the filing:

- Public**
- Confidential** (See instructions for how to file an annual report under seal)

Excel Issue Date: 02-04-25

For use when filing under seal.

Annual Report of _____
for the calendar year of January 1 - December 31, 2024

1. Provide the following company information:

_____	_____	
Company Street	Telephone Number	
_____	_____	
Company Mailing Address (if different from street address)	Company Website Address (if no website insert "none")	
_____	_____	
City	State	Zip

2. The company's contact information in EFIS has been reviewed and updated as applicable.

Yes No

3. Provide the following information for the person completing this annual report:

Name: _____	Street Address: _____
Email Address: _____	_____
Telephone: _____	_____

I am (check as appropriate): An employee of the company A third-party preparer

I am listed in EFIS as the company's annual report contact: Yes No

4. Identify the company's top three principal officers at the end of the year.

Title	Name
_____	_____
_____	_____
_____	_____

5. ILECs, CLECs and IVoIP companies are required to provide the following Relay Missouri assessment information:

Relay Missouri: 2024 calendar year ¹			
Relay Missouri Surcharge applied per line in December 2024			
Revenue Collected From Relay Missouri Surcharge			
Amount Retained for Billing and Collecting the Surcharge			
Relay Missouri Revenue Remitted to Relay Missouri Fund			

6. All companies are required to provide the following Missouri USF assessment information:

Amount remitted to the Missouri USF fund for 2024 calendar year ²			
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The amounts for Item Nos. 5 and 6 should reflect the time period associated with the payment and not dependent on when a payment is made. For example this amount can include a payment made in 2025 for a time period within 2024.

For use when filing under seal.

¹ For information about the Relay Missouri assessment see https://psc.mo.gov/Telecommunications/Assessments_and_Filing_Requirements

² For information about the Missouri USF assessment see www.missouriusf.com.

7. Please provide the following revenue information:

If no revenue was collected for any box insert \$0.

Row	RETAIL END USER REVENUES	**	Missouri Intrastate (Column A)	**	**	Missouri Interstate & International (Column B)	**	**	Missouri Total Company ³ (Column C)	**
1.	Voice Local Service (Basic local telecommunications service, IVoIP service ⁴ including revenue with other features associated with these services. Includes any bundled service whereby these services are bundled with other non-regulated services. ⁵)									
2.	Interexchange Service (Message toll services, 800 services, interexchange operator services).									
3.	Non-Switched Services⁶ (Dedicated non-switched private line services typically used by business customers. Do not include special access or private line services provided to other telecommunications or IVoIP service providers which are reported in Row 6).									
4.	Retail Uncollectibles. (Amount is typically a negative number.)									
5.	RETAIL END-USER TOTAL (Row 1+2+3+4) Revenue in Column A will be provided to Missouri USF Administrator for assessment purposes.)									
WHOLESALE AND UNIVERSAL SERVICE FUND REVENUES										
6.	Wholesale Revenue⁷									
7.	Wholesale Uncollectibles. (Amount is typically a negative number.)									
8.	Federal USF Revenue (This revenue will be usually listed in Column B; however, list in column A any Connect America Fund Intercarrier Compensation funding used to replace revenue caused by mandatory intrastate switched access rate reductions.)									
9.	State USF Revenue									
10.	TOTAL REVENUES (Row 5+6+7+8+9) The Total Revenue in Column A should match the Total Gross Intrastate Operating Revenue reported on the Missouri PSC's Statement of Revenue form.									

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³ **Total Company Revenue (Column C)** = Column A revenue + Column B revenue.

⁴ **IVoIP Revenue:** If unable to distinguish Missouri Jurisdictional revenue in Column A then a safe harbor percentage can be applied to total revenue that corresponds to the FCC's safe harbor percentage of 35.1% intrastate and 64.9% interstate or as otherwise adjusted by the FCC.

⁵ **Bundled Service Revenue:** If telecommunications or IVoIP service is bundled with non-regulated services then a company may apply either of two methods in reporting bundled revenue in Column A. Method 1: Report bundled revenue in Column A based on the unbundled rate for telecommunications or IVoIP service; or Method 2: Report all bundled revenue in Column A.

⁶ **Retail Non-Switched Private Line Service Revenue:** If 10% of more of the customer's private line network traffic is considered interstate traffic then 100% of the customer's non-switched private line service revenue can be classified as interstate traffic.

⁷ **Wholesale Revenue:** Revenue from telecommunications or IVoIP services sold to other service providers including revenue associated with switched access service, special access service, billing and collection and any remaining carrier's carrier revenue provided in FCC Form 499-A, Block 3. NECA settlements should be reported in Column B.

VERIFICATION

Note: Prefer Affiant to be President, Treasurer, General Manager or Receiver of Company *

Company Name: _____

Annual Report for calendar year **2024**

Affiant Information	
Name	
Title	
City, State	
County	

Under penalty of perjury, I declare the information contained in this annual report is true and correct to the best of my knowledge and belief.

* If Affiant is not the President, Treasurer, General Manager or Receiver of the company then explain Affiant's ability to verify the accuracy of the information presented:

_____ Date

_____ Signature of Affiant
(If electronic signatures are used, you must use "/s/" before the name.)

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
(If electronic signatures are used, you must use "/s/" before the name.)

_____ Notary Commission Number

Missouri Revised Statutes §392.210, §393.140 and §509.030