
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, 2025**

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, search Company in EFIS: [EFIS Company Search](#)

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: 02-05-26

For use when filing under seal.

Annual Report of _____
for the calendar year of January 1 - December 31, 2025 _____

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

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

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

Title	Name

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

Relay Missouri: 2025 calendar year ¹			
Relay Missouri Surcharge applied per line in December 2025			
Revenue Collected From Relay Missouri Surcharge			
Amount Retained for Billing and Collecting the Surcharge			
Relay Missouri Revenue Remitted to Relay Missouri Fund			

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

Amount remitted to the Missouri USF fund for 2025 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 2026 for a time period within 2025.

[Information on Relay Missouri and MoUSF Assessment](#)



For use when filing under seal.

6. Please provide the following revenue information:

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.									

For use when filing under seal.

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.

For the calendar year January 1 - December 31, 2025

Company Name: _____

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 _____ }

County Of _____ } ss:

_____ }

makes oath and says that

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; that 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)
(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 or §393.140

See the Instructions for more information to complete this page.