

STATEMENT OF REVENUE
FY-2026 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 2024, 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	_____
GAS OPERATING REVENUE	_____
HEATING OPERATING REVENUE	_____
WATER OPERATING REVENUE	_____
SEWER OPERATING REVENUE	_____
TELEPHONE/IVoIP OPERATING REVENUE	_____
TOTAL	_____

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, 2025