

STATEMENT OF REVENUE
FY-2027 Mo. PSC Assessment

“Certified or Registered IVoIP” UTILITY COMPANY NAME & ADDRESS

(Provide the full name of the company as certified or registered with the Missouri Public Service Commission. Do not abbreviate. Include any Commission approved d/b/a or fictitious name, if applicable.)

COMPANY E-MAIL ADDRESS

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 2025, 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, 2026
