

# STATEMENT OF REVENUE

*FY-2022 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 2020, 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 \_\_\_\_\_.

**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, 2021**