

SOUTH CAROLINA PUBLIC SERVICE COMMISSION
and
SOUTH CAROLINA OFFICE OF REGULATORY STAFF
GROSS RECEIPTS FOR THE TWELVE (12) MONTHS ENDING JUNE 30, 2013
(Please correct preprinted information as required)

Company Name (as shown on Certificate)	FEIN		
List d/b/a and/or f/k/a aliases			
Address	City	State	Zip Code
Regulatory Contact	Area Code & Phone Number	E-Mail	

INTRASTATE GROSS RECEIPTS

Revenues Derived Via South Carolina Operations from:

Water Revenues	\$ _____
Sewer Revenues	_____
Electricity Revenues	_____
Natural Gas Revenues	_____
Railroad Revenues	_____
Telecommunications Revenues:	
ILEC (Local Exchange)	_____
CLEC (Competitive Local Exchange)	_____
IXC (Long Distance)	_____
PSP (Payphone Service Provider)	_____
Wireless (Eligible Telecommunications Carrier)	_____
Total Revenues Derived Via South Carolina Operations	\$ _____

Preparer's Signature _____ Date _____

Affidavit

State of _____ County of _____

Personally appeared before me _____ who, being duly sworn, says that he/she is the _____ of _____ (Company) and that the foregoing statement, for the twelve (12) months ending June 30, 2013, is correctly taken from the books and records of said Company, and is true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public _____
My commission expires _____

Place
Seal
Here

Return completed form to:
South Carolina Office of Regulatory Staff
Gross Receipts Department
1401 Main Street, Suite 900
Columbia, SC 29201

Failure to timely complete and submit this form could result in the loss of your license, authority or certificate to operate in South Carolina.

Return Deadline is August 31, 2013