

TELECOMMUNICATIONS COMPANY ANNUAL REPORT

OF

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 20_____

Calendar Year Ending December 31, 20_____

or

Fiscal Year Ending _____

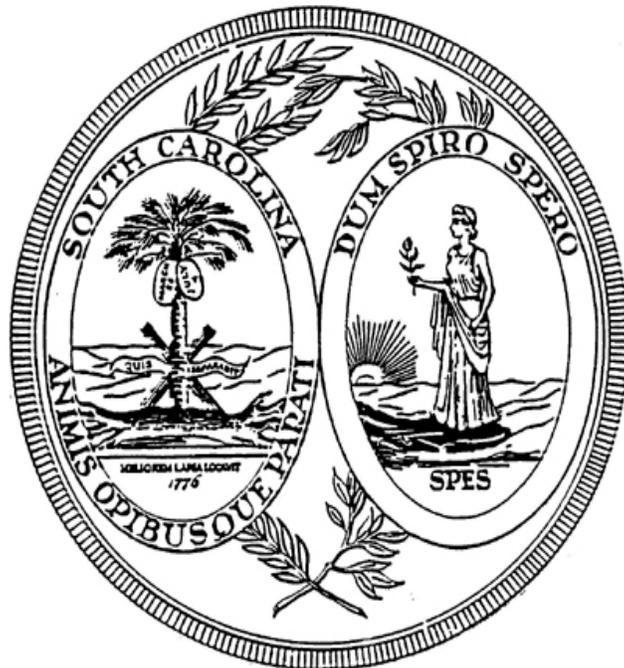


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GENERAL INSTRUCTIONS

1. All Telecommunications Companies are required by state law to complete and file this annual report for its South Carolina operations. Two copies should be mailed to the South Carolina Office of Regulatory Staff, 1401 Main Street-Suite 900, Columbia, SC 29201 by April 1, 20____. A third copy should be retained by the company for reference. Upon receipt, the Office of Regulatory Staff will forward one copy to the Public Service Commission of South Carolina. Filing two copies with the Office of Regulatory Staff will satisfy the utility's responsibility for submitting an annual report as required pursuant to Commission regulations. Pencil entries will not be permitted on the hard copy.
2. All forms are available in MS Excel on the Office of Regulatory Staff web site at: www.regulatorystaff.sc.gov
3. Where no information is available for an item in the report, "0," None, or Not Applicable are appropriate responses.
4. All accounting terms and phrases used in this report are to be interpreted in accordance with the Uniform System of Accounts prescribed in Part 32 of the Federal code of regulation, or in accordance with Generally Accepted Accounting Principles if your company has specific permission from this Commission to use GAAP for financial reporting and record keeping.
5. Throughout this report, money items will be rounded to the nearest dollar.
6. Failure to comply with the submission of the annual report may result in fines and/or revocation of Certificate of Public Convenience and Necessity.
7. Separate notification is required for changes in company information -- i.e. name, address, telephone number, contact names, sale or purchase of Company, corporate structure.
The Authorized Utility Representative Form can be downloaded at: www.regulatorystaff.sc.gov
8. Contact the Office of Regulatory Staff at (803) 737-0800 if you have questions about this form or the requirements for a Telecommunications Company.
9. Companies that have been approved for Alternative Regulation are not required to complete schedules 4, 5 and 6.

Company Information

Identification and Contact Information

Check/ Date: [] Sole Proprietorship [] Partnership [] Corporation _____

Name of Company: _____

Doing Business As: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Type of Business

[] CLEC (Competitive Local Exchange Carrier)

[] ILEC (Incumbent Local Exchange Carrier)

[] IXC (Interexchange Carrier)

[] _____ (Carriers Carrier)

Contact (for purposes of this report)

Contact Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ E-mail: _____

Company Officers

Title of Officer	Name of Person Holding Office
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

Contact Information (If different from above)

Contact Name: _____
Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____) _____ E-mail: _____

LOCAL EXCHANGE CARRIER ANNUAL REPORT
Schedule #1- South Carolina Income Statement

Year Ending December 31, 20__ or Fiscal Year Ending _____

<u>Operating Revenues:</u>	<u>G/L Account #'s</u>	<u>Combined</u>	<u>Intrastate</u>
Local Network Service Revenues			
Network Access Service Revenues			
Long Distance Revenues			
Miscellaneous Revenues			
Uncollectible Revenues			
Total Operating Revenues			
<u>Operating Expenses:</u>			
Plant Specific Expenses			
Plant Nonspecific Expenses			
Customer Operations Expenses			
Corporate Operations Expenses			
Operating Taxes other than Income			
Operating Investment Tax Credits-Net			
Operating Taxes-Income-Current-Federal			
Operating Taxes-Income-Current-State			
Operating Taxes-Deferred Income-Net			
Total Operations Expenses			
Net Income from Operations			
Interest Income			
Nonoperating Income and Expenses			
Fixed Charges-(Other Than Interest on Debt)			
Interest Expense on Funded Debt			
Non-regulated Net Income			
Non-regulated Expenses			
Other			
Extraordinary Items			
Net Income			

LOCAL EXCHANGE CARRIER ANNUAL REPORT
Schedule #2- South Carolina Balance Sheet

Date of Balance Sheet: December 31, 20__ or Fiscal Year Ending _____

<u>Description</u>	<u>G/L Account #'s</u>	<u>Balance at Close of Year</u>
<u>Current Assets</u>		
Cash		
Temporary Investments		
Telecommunications Accounts Receivables		
Allowance for Bad Debts		
Interest, Dividends & Other Accounts Receivable		
Notes Receivable-Net		
Materials & Supplies Inventory		
Other Current Assets		
Total Current Assets		
<u>Prepaid Accounts & Deferred Charges</u>		
Prepays		
Deferred Charges		
Total Prepaid Accounts & Deferred Charges		
<u>Non-Current Assets</u>		
Investments in Affiliated Companies		
Investment in Non-Affiliated Companies		
Non-Regulated Investments		
Other Non-Current Assets		
Total Non-Current Assets		
<u>Telecommunications Plant</u>		
Telephone Plant in Service		
Property Held for Future Use		
Telecommunications Plant under Construction		
Telecommunications Plant Adjustment		

Schedule #2- South Carolina Balance Sheet-Continued

Description	G/L Account #'s	Balance at Close of Year
<u>Telecommunications Plant-Continued</u>		
Non-Operating Plant		
Goodwill		
Total Plant		
Depreciation Reserve-Plant		
Depreciation Reserve-Other		
Total Depreciation Reserve		
Net Telecommunications Plant		
Total Assets		
<u>Current and Accrued Liabilities</u>		
Accounts Payable		
Notes Payable-Affiliated		
Advance Billings and Payments		
Customer Deposits		
Current Maturities-Long Term Debt		
Current Maturities-Capital Leases		
Income Taxes Accrued		
Other Accrued Taxes		
Other Accrued Liabilities		
Other Current Liabilities		
Total Current and Accrued Liabilities		
<u>Other Liabilities and Deferred Credits</u>		
Other Long Term Liabilities		
Premium on Long Term Debt		
Unamortized Operating Investment Tax Credits-Net		

Schedule #2- South Carolina Balance Sheet-Continued

Description	G/L Account #'s	Balance at Close of Year
<u>Other Liabilities and Deferred Credits-Continued</u>		
Unamortized Nonoperating Investment Tax Credits-Net		
Other Deferred Credits		
Net Current Deferred Operating Income Taxes		
Net Current Deferred Nonoperating Income Taxes		
Net Noncurrent Deferred Operating Income Taxes		
Net Noncurrent Deferred Nonoperating Income Taxes		
Other Jurisdictional Liabilities and Deferred Credits		
Total Other Liabilities and Other Credits		
<u>Long Term Debt</u>		
Funded Debt		
Reacquired Debt		
Obligations Under Capital Leases		
Advances from Affiliated Companies		
Other Long Term Debt		
Total Long Term Debt		
Total Liabilities		
<u>Stockholders Equity</u>		
Capital Stock		
Additional Paid in Capital		
Treasury Stock		
Other Capital		
Retained Earnings		
Total Stockholders Equity		
Total Stockholders Equity and Liabilities		

Schedule #3-South Carolina Retained Earnings

<u>Description</u>	<u>Debits</u>	<u>Credits</u>
Retained Earnings Account		
Retained Earnings-Beginning of Year		
Miscellaneous Debits to Retained Earnings		
Miscellaneous Credits to Retained Earnings		
Net Income or Loss From Operations		
Retained Earnings-End of Year		
Appropriated Retained Earnings:		
Dividends Declared		
Other		
Unappropriated Retained Earnings:		
Jurisdictional Retained Earnings		
Other		
Retained Earnings-Total End of Year		

Schedule #4-South Carolina Expenditures for Plant and Equipment

<u>Description</u>	<u>Balance at Beginning of Year</u>	<u>Retirements During the Year</u>	<u>Additions During the Year</u>	<u>Balance at End of the Year</u>
Land				
Motor Vehicles				
Aircraft				
Special Purpose Vehicles				
Garage Work Equipment				
Other Work Equipment				
Buildings				
Furniture				
Office Equipment				
General Purpose Computers				
Analog Electronic Switching				
Digital Electronic Switching				
Electromechanical Switching				
Operator Systems				
Radio Systems				
Circuit Equipment				
Station Apparatus				
Customer Premises Equipment				
Large Private Branch Exchange				
Public Telephone Terminal Equip.				
Other Terminal Eq.				
Poles				

Schedule #4-South Carolina Expenditures for Plant and Equipment-Continued

<u>Description</u>	<u>Balance at Beginning of Year</u>	<u>Retirements During the Year</u>	<u>Additions During the Year</u>	<u>Balance at End of the Year</u>
Arial Cable-Metallic				
Arial Cable-Nonmetallic				
Underground Cable-Metallic				
Underground Cable-Nonmetallic				
Buried Cable-Metallic				
Buried Cable-Nonmetallic				
Submarine Cable-Metallic				
Submarine Cable-Nonmetallic				
Deep Sea Cable				
Intrabuilding Network Cable:				
Metallic				
Nonmetallic				
Aerial Wire				
Conduit System				
Capital Leases				
Leasehold Improvements				
Intangibles				
Total Telecommunications Plant in Service				
Property Held for Future Use				
CWIP-Short Term				
CWIP-Long Term				

Schedule #4-South Carolina Expenditures for Plant and Equipment-Continued

<u>Description</u>	<u>Balance at Beginning of Year</u>	<u>Retirements During the Year</u>	<u>Additions During the Year</u>	<u>Balance at End of the Year</u>
Telecommunications Plant Adjustment				
Non Operating Plant				
Goodwill				
Total Expenditures for Plant and Equipment				

Schedule #5-Approved Year End Depreciation Rates (%)

Description	Acct #	Rate (%)
Motor Vehicles	2112	
Aircraft	2113	
Special Purpose Vehicles	2114	
Garage Work Equipment	2115	
Other Work Equipment	2116	
Buildings	2121	
Furniture	2122	
Office Equipment	2123	
General Purpose Computers	2124	
Analog Electronic Switching	2211	
Digital Electronic Switching	2212	
Electromechanical Switching	2215	
Operator Systems	2220	
Radio Systems	2231	
Circuit Equipment	2232	
Station Apparatus	2311	
Large Private Branch Exchange	2341	
Public Telephone Terminal Equip.	2351	
Other Terminal Eq.	2362	
Poles	2411	
Arial Cable-Metallic	2421	
Arial Cable-Nonmetallic	2421	
Underground Cable-Metallic	2422	
Underground Cable-Nonmetallic	2422	
Buried Cable-Metallic	2423	
Buried Cable-Nonmetallic	2423	
Submarine Cable-Metallic	2424	
Submarine Cable-Nonmetallic	2424	
Deep Sea Cable	2425	
Intrabuilding Network Cable-Metallic	2426	
Intrabuilding Network Cable-Nonmetallic	2426	
Aerial Wire	2431	
Conduit System	2441	
Capital Leases	2601	
Leasehold Improvements	2682	
Intangibles	2690	
Composite Rate for all Depreciable Plant		
Composite Rate for Plant Accounts		

Schedule #6- South Carolina Depreciation Reserve

Give particulars of Credits and Debits to Account #3100, Accumulated Depreciation

Description	Acct #	<u>Beg. Bal.</u>	<u>Deprec.</u>	<u>Cost of Asset Retired</u>	<u>Cost of Removal</u>	<u>Salvage Value</u>	<u>Other</u>	<u>Bal. End.</u>
Motor Vehicles	2112							
Aircraft	2113							
Special Purpose Vehicles	2114							
Garage Work Equipment	2115							
Other Work Equipment	2116							
Buildings	2121							
Furniture	2122							
Office Equipment	2123							
General Purpose Computers	2124							
Analog Electronic Switching	2211							
Digital Electronic Switching	2212							
Electromechanical Switching	2215							
Operator Systems	2220							
Radio Systems	2231							
Circuit Equipment	2232							
Station Apparatus	2311							
Large Private Branch Exchange	2341							
Public Telephone Terminal Equip.	2351							
Other Terminal Eq.	2362							
Poles	2411							
Arial Cable-Metallic	2421							
Arial Cable-Nonmetallic	2421							
Underground Cable-Metallic	2422							
Underground Cable-Nonmetallic	2422							
Buried Cable-Metallic	2423							
Buried Cable-Nonmetallic	2423							
Submarine Cable-Metallic	2424							
Submarine Cable-Nonmetallic	2424							
Deep Sea Cable	2425							
Intrabuilding Network Cable-Metallic	2426							
Intrabuilding Network Cable-Nonmetallic	2426							
Aerial Wire	2431							
Conduit System	2441							
Depreciation Imbalance	9000							
Total	3100							
Property Held for Future Use	3200							
Nonoperating Plant	3300							
Capital Leases	3410							
Leasehold Improvements	3500							
Total								

Schedule #7- South Carolina Local Access Lines and Customer Detail
Year Ending 12/31/20____

1. Total Business Access Lines	_____
2. Total Residential Access Lines	_____
3. Total Access Lines	_____
4. Total Number of Customers	_____
5. Total Wholesale Customers	_____
6. Total Wholesale DSL Customers	_____

7. Total Lifeline Customers provided resold Lifeline from an underlying carrier	_____
8. Total Lifeline Customers provided Lifeline via facilities owned or leased	_____
9. Total Lifeline Customers	_____

ANNUAL INFORMATION ON SOUTH CAROLINA OPERATIONS

SCHEDULE 9: INTEREXCHANGE COMPANIES AND ALTERNATIVE OPERATOR SERVICE ("AOS") PROVIDERS

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____

CITY, STATE, ZIP CODE _____

FAX NUMBER _____

1. SOUTH CAROLINA OPERATING REVENUES FOR THE 12 MONTHS ENDING DECEMBER 31, 2012 OR FISCAL YEAR. \$ _____

2. SOUTH CAROLINA OPERATING EXPENSES FOR THE 12 MONTHS ENDING DECEMBER 31, 2012 OR FISCAL YEAR. \$ _____

3. RATE BASE INVESTMENT IN SOUTH CAROLINA OPERATIONS FOR THE 12 MONTHS ENDING DECEMBER 31, 2012 OR FISCAL YEAR:

Gross Plant located in or allocated to South Carolina operations \$ _____

CWIP located in or allocated to South Carolina operations \$ _____

Land located in or allocated to South Carolina operations \$ _____

Accumulated Depreciation of South Carolina Plant (\$ _____)

Net Rate Base located in or allocated to South Carolina operations \$ _____

4. PARENT'S CAPITAL STRUCTURE FOR THE 12 MONTHS ENDING DECEMBER 31, 2011 OR FISCAL YEAR:

LONG TERM DEBT \$ _____

EQUITY \$ _____

5. PARENT'S AVERAGE RATE OF INTEREST ON LONG TERM DEBT _____ %.

6. CONTACT PERSON FOR ALL FINANCIAL INQUIRES AND REPORTING:

NAME _____

ADDRESS IF DIFFERENT FROM COMPANY _____

TELEPHONE NUMBER _____

ANNUAL INFORMATION ON SOUTH CAROLINA OPERATIONS

FOR INTEREXCHANGE COMPANIES AND AOS'

7. **ALL DETAILS ON THE ALLOCATION METHOD USED TO DETERMINE THE AMOUNT OF EXPENSES ALLOCATED TO SOUTH CAROLINA OPERATIONS AS WELL AS METHOD OF ALLOCATION OF COMPANY'S RATE BASE INVESTMENT (SEE #3 ABOVE)(USE BACK IF NEEDED).**

NAME OF OFFICER SIGNING FORM (PRINT OR TYPE) _____

SIGNATURE _____

TITLE _____

Affidavit

State of _____

County of _____

I, _____ of the

_____ Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

_____ Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

_____ Notary Public

Commission Expires _____