

**SOUTH CAROLINA PUBLIC SERVICE COMMISSION**  
**and**  
**SOUTH CAROLINA OFFICE OF REGULATORY STAFF**  
**GROSS RECEIPTS FOR THE TWELVE (12) MONTHS ENDING JUNE 30, 2019**  
*(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                                              | (Water) \$     | _____        |
| Sewer Revenues                                              | (Sewer)        | _____        |
| Electricity Revenues                                        | (Electric)     | _____        |
| Natural Gas Revenues                                        | (Gas)          | _____        |
| Railroad Revenues                                           | (Railroad)     | _____        |
| Telecommunications Revenues:                                |                |              |
| ILEC (Local Exchange)                                       | (ILEC)         | _____        |
| CLEC (Competitive Local Exchange)                           | (CLEC)         | _____        |
| IXC (Long Distance)                                         | (IXC)          | _____        |
| PSP (Payphone Service Provider)                             | (PSP)          | _____        |
| Wireless (Eligible Telecommunications Carrier)              | (Wireless ETC) | _____        |
| <b>Total Revenues Derived Via South Carolina Operations</b> | <b>\$</b>      | <b>_____</b> |

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, 2019, 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  
 Attention: 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, 2019**