

**SOUTH CAROLINA PUBLIC SERVICE COMMISSION**  
**and**  
**SOUTH CAROLINA OFFICE OF REGULATORY STAFF**  
**GROSS RECEIPTS FOR THE TWELVE (12) MONTHS ENDING JUNE 30, 2014**  
*(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, 2014, 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, 2014**