

KENTUCKY PUBLIC SERVICE COMMISSION
REPORT OF GROSS OPERATING REVENUES DERIVED FROM INTRA-KENTUCKY
BUSINESS FOR THE YEAR ENDING DECEMBER 31, 20__

LOCAL EXCHANGE CARRIERS and COMPETITIVE LOCAL EXCHANGE CARRIERS

Name of Utility Reporting _____

FEIN # (Federal Employer Identification Number)

Grid for FEIN number with a hyphen in the 4th position.

Address of Utility: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

E-Mail: _____ Web Site: _____

Primary Regulatory Contact: _____ (Name) (Title)

ASSESSABLE REVENUES OF TELEPHONE UTILITY.....\$_____
(to agree with assessable revenues figure on the back of this page)

OATH

State of.....)
) ss.
County of.....)

_____ being duly sworn, states that he/she is
(Officer)

_____ of the _____ that the
(Official Title) (Utility Reporting)

above report of gross revenues is in exact accordance with _____,
(Utility Reporting)

and that such books accurately show the gross revenues of: _____,
(Utility Reporting)

derived from Intra-Kentucky business for the calendar year ending December 31, 20_____.

_____ (Officer) (Title)

This the _____ day of _____, 20_____

_____ (Notary Public) (County) (Commission Expires)

NOTE: ANY DIFFERENCE BETWEEN THE AMOUNT OF THE GROSS REVENUES
SHOWN IN ANY ANNUAL REPORT FILED AND THE AMOUNT APPEARING ON
THIS STATEMENT MUST BE RECONCILED ON THE REVERSE OF THIS REPORT

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TELECOMMUNICATIONS UTILITIES RECONCILIATION FORM

Total Operating Revenues \$ _____

Additions:

Intrastate Uncollectibles (Account 5300) \$ _____

Total Additions \$ _____

Deductions:

Non-Regulated Revenue (Account 5280) \$ _____

Interstate Billing/Collection Revenues (Acct 5200) \$ _____

End User Revenue (Account 5081) \$ _____

Interstate Switched Access Revenue (Acct 5082) \$ _____

Interstate Special Access Revenue (Acct 5083) \$ _____

Any Miscellaneous Interstate Revenues \$ _____
(Explain Below)

Total Deductions \$ _____

RECONCILED ASSESSABLE REVENUES \$ _____

Explanations/Comments: _____

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NAMES OF COUNTIES IN WHICH YOU FURNISH TELEPHONE SERVICE:

(If additional space is required, please add an additional sheet.)

**OFFICER OR OTHER PERSON TO WHOM CORRESPONDENCE SHOULD BE ADDRESSED
 CONCERNING THIS REPORT:**

Name _____ Title _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 E-Mail _____

This information is to be kept current by prompt notification to the Commission of any changes until the report for the succeeding year has been submitted.

ACCESS LINES IN SERVICE:

State or Territory	Single Line (Business)	Multi-Line (Business)	Public Access Lines	Residential Access Lines	Total Access Lines
Kentucky					

IDENTIFY QUANTITY OF CIRCUITS PROVIDED FOR EACH OF THE FOLLOWING TRANSMISSION CAPACITIES:

Special Access Lines	Fractional T-1	DS-1 / T-1	DS-3 / T-3	> DS-3 / T-3