

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 dash separator

Address of Utility: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Primary Regulatory Contact: \_\_\_\_\_ (Name) (Title)

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

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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 (Schedule VI, page 1 of 5) \$ \_\_\_\_\_

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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**LOCAL EXCHANGE CARRIERS and COMPETITIVE LOCAL EXCHANGE CARRIERS**

**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.

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**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