

**Connecticut Department of Energy & Environmental Protection** Public Utilities Regulatory Authority

# Report of Connecticut Intrastate Gross Revenues

|        | CPPU USE ONLY |  |
|--------|---------------|--|
| App #: |               |  |
| Doc #: |               |  |
|        |               |  |
|        |               |  |

Please submit this completed Reporting Form, to:

CENTRAL PERMIT PROCESSING UNIT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127

**All regulated companies**, as defined under section 16-49(a)(1) of the Connecticut General Statutes (CGS), shall report annually, on or before May 1<sup>st</sup>, its intrastate gross revenues of the preceding calendar year to the Public Utilities Regulatory Agency (PURA) of the Connecticut Department of Energy and Environmental Protection (DEEP) by completing and submitting this form to the address indicated above.

**NOTE:** All companies must file this form regardless of the amount of intrastate gross revenues for the preceding calendar year, even if the amount is zero. Failure to file this fully completed report with a postmark of no later than May 1<sup>st</sup> may subject the company to a penalty of \$10,000 in accordance with CGS §16-41. Reports filed to an address other than that specified above and/or failure to file an original copy of the report may subject the filer to penalties.

### Part I: Company Information

If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)

| 1. | Company Name:  |                     |                                  |
|----|--|---------------------|----------------------------------|
|    | Mailing Address:   |                     |                                  |
|    | City/Town:   | State:              | Zip Code:                        |
|    | Business Phone:  | ext.:               |                                  |
|    | Contact Person: Phone:   | ext.                |                                  |
|    | *E-mail:   |                     |                                  |
|    | Website (if available):  |                     |                                  |
|    | *By providing this e-mail address you are agreeing to receive offic<br>electronic address, concerning the subject report. Please rememb<br>can receive e-mails from "ct.gov" addresses. Also, please notify P  | er to check your se | ecurity settings to be sure you  |
|    | i) check type of business entity:  |                     |                                  |
|    | <ul> <li>corporation imited liability company imited partnership imited liability partnership imited statutory trust</li> <li>provide Secretary of the State business ID #:</li></ul>  | Othe                | er:<br>mation can be accessed at |
|    | <ul> <li>iii) Check here if your business is NOT registered with the Se</li> <li>Check if any co-applicants. If so, attach additional sheet(s) was a second second</li></ul> | -                   |                                  |

## Part I: Company Information (continued)

| 2. | Billing contact  |        |           |
|----|------------------|--------|-----------|
|    | Name:            |        |           |
|    | Mailing Address: |        |           |
|    | City/Town:       | State: | Zip Code: |
|    | Business Phone:  | ext.:  |           |
|    | Contact Person:  | Phone: | ext.      |
|    | E-mail:          |        |           |

## Part II: Reporting Information

| 1. Type of public service:  |                      |
|---|----------------------|
|   |                      |
| Certified Telecommunications Provider   |                      |
| Electric Distribution Company   |                      |
| Electric Supplier   |                      |
| Natural Gas   |                      |
|   |                      |
| Water   |                      |
| C Other (anacity)   |                      |
| Other (specify):  |                      |
| Cirrer (specify).   |                      |
|   | Dollar Amounts       |
| <ol> <li>Reporting Year (calendar year ending December 31<sup>st</sup>):</li> <li>Supporting documentation for the amounts claimed as Intrastate Gross</li> </ol>   | Dollar Amounts<br>\$ |
| <ul> <li>2. Reporting Year (calendar year ending December 31<sup>st</sup>):</li> <li>3. Supporting documentation for the amounts claimed as Intrastate Gross Revenues <ul> <li>a) Connecticut Intrastate Gross Revenue for the reporting year indicated in Part II:</li> </ul> </li> </ul>  |                      |
| <ul> <li>2. Reporting Year (calendar year ending December 31<sup>st</sup>):</li> <li>3. Supporting documentation for the amounts claimed as Intrastate Gross Revenues <ul> <li>a) Connecticut Intrastate Gross Revenue for the reporting year indicated in Part II: item 2 of this form.</li> <li>b) Total Gross Revenue for the reporting year per industry requirements referenced</li> </ul> </li> </ul> | \$                   |

### Part III: Supporting Documentation

Supporting documentation for the amounts claimed as Connecticut Intrastate Gross Revenues is required. Required reconciliation, by Industry, is referenced below. Companies seeking protective treatment of the supporting documentation required in Part III of the Report may submit a request for protective order with their filings. All other portions of the Report are required pursuant to CGS section 16-49 and shall not receive protected treatment.

- Electric Utilities: Attach FERC Form 1, page 300 with reconciliation to line 27
- Natural Gas Utilities: Attach FERC Form 2, page 301, with reconciliation to line 21
- Water Utilities: Attach PURA Annual Report, p. 300, with reconciliation to the sum of lines 2 and 33.
- CATV, Telecom, Electric Suppliers: Complete Statement of Revenues (SOR see Part V) with reconciliation to claimed intrastate gross revenue amount. (SOR must match Part II, Item 3b)

| Supporting documentation for the amounts claimed as Intrastate Gross Revenues | Dollar Amounts |
|---|----------------|
| 1. Total Gross Revenues as reported in Part II: 3b:                           | \$             |
| 2. Detailed adjustments for reconciliation as reported in Part II: 3c:        |                |
| Reason for Adjustment   | Dollar Amounts |
| Non-Connecticut Revenue   | \$             |
|   | \$             |
|   | \$             |
|   | \$             |
|   | \$             |
|   | \$             |
|   | \$             |
|   | \$             |
|   | \$             |
|   | \$             |
|   | \$             |
|   | \$             |
| Total Adjustments   | \$             |
| 3. Connecticut Intrastate Gross Revenues as reported in Part II: 3a.          | \$             |

• Additional sheets may be filed, however, the format above must be used.

• Company may be required to produce financial statements that reconcile the amounts provided if further examination is deemed appropriate by PURA.

### Part IV: Report Certification

This report shall be signed and sworn to by 1) the chief executive officer, president or vice president **and 2**) chief financial officer, treasurer or assistant treasurer or 3) by a majority of the trustees or receivers or by such other person or persons as may be delegated. Please indicate the signer's title and relationship to the subject company.

| "We, the undersigned on our oath do severally say that<br>as defined under sections 16-49 (a) and (b) CGS, is as        | t the intra<br>s stated i | astate gross revenue from sales and services in Part II, item 3, of this form. |
|---|---------------------------|--|
| This information has been extracted, under our directio respondent. We have carefully examined the same, an statement." |                           |  |
|   |                           |  |
| Signature of Officer or Representative  |                           | Date   |
| Printed Name of Officer or Representative   |                           | Title (relationship to company)  |
| Signature of Officer or Representative  |                           | Date   |
| Printed Name of Officer or Representative   |                           | Title (relationship to company)  |
| Signature of Officer or Representative  |                           | Date   |
| Printed Name of Officer or Representative   |                           | Title (relationship to company)  |
| STATE OF  | }                         |  |
| COUNTY OF   | } ss.<br>}                | (Town)   |
| The foregoing was subscribed to and sworn to before r this  | ne                        | day of   |
|   |                           | (day)  |
|   | by                        |  |
| (month) (year)  |                           |  |
|   |                           | (Signature of Notary Public or other official)                                 |
|   |                           | (Name of Notary Public or other official)                                      |
| My commission e   | expires                   |  |

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. For additional information, contact the Central Permit Processing Unit (CPPU) at 860-424-4004 or

DEEP.CentralPermits@ct.gov

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### Part V: Statement of Revenues

| 1.  | Revenues   | Dollar Amount |
|-----|--|---------------|
|     | Retail   | \$            |
|     | Wholesale  | \$            |
|     | Other Revenue (such as internet, FiOS)                                 |               |
|     | Explain  | \$            |
|     | Total Operating Revenue*   | \$            |
| TE: | If necessary, provide attachment for detailed explanation of Revenues. |               |
| 2.  | Reconciliation   | Dollar Amoun  |
|     | Connecticut Revenue**  | \$            |
|     | Non-Connecticut Revenue (other states, exceptions, etc.)               | \$            |
|     | Total Operating Revenue*   | \$            |

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To be completed by CATV, Telecom, and Electric Suppliers only.

\*Matches the revenue on the December 31, Income Statement for

\*\*Excluding exceptions (i.e. Wholesale, Internet, FiOS, etc.)