



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

Report of Connecticut Intrastate Gross Revenues

Please submit this completed Reporting Form, to:

Email (preferred filing method):
DEEP.PURA.grossreceiptfiling@ct.gov

OR

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

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

All regulated companies, as defined under section 16-49(a)(1) of the Connecticut General Statutes (CGS), shall report annually, on or before May 1st, 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 no later than May 1st may subject the company to a penalty of \$10,000 in accordance with CGS §16-41. Reports filed to an address other than those specified above 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 ([onlineBusinessSearch \(ct.gov\)](#)).*

| | | | |
|--|--------|-----------|--|
| 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 official correspondence from the department, at this electronic address, concerning the subject report. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify PURA if your e-mail address changes. | | | |
| i) check type of business entity: | | | |
| <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> limited partnership <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other: _____ | | | |
| ii) provide Secretary of the State business ID #: _____ This information can be accessed at <i>Secretary of State's database</i> (onlineBusinessSearch (ct.gov)). | | | |
| iii) <input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office. | | | |
| <input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above. | | | |

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:
 Cable
 Certified Telecommunications Provider
 Electric Distribution Company
 Electric Supplier
 Natural Gas
 Telephone
 Water
 Other (specify): _____

2. Reporting Year (calendar year ending December 31st): _____

| 3. Supporting documentation for the amounts claimed as Intrastate Gross Revenues | Dollar Amounts |
|--|-----------------------|
| a) Connecticut Intrastate Gross Revenue for the reporting year indicated in Part II: item 2 of this form. | \$ |
| b) Total Gross Revenue for the reporting year per industry requirements referenced in Part III: Supporting Documentation of this form. | \$ |
| c) Difference (line a minus line b), if applicable (Must equal Part III: Total Adjustments of this form) | \$ |
| If there is a difference, please itemize the difference in Part III of this form. | |

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.

| | |
|---|--|
| <p>"We, the undersigned on our oath do severally say that the intrastate gross revenue from sales and services as defined under sections 16-49 (a) and (b) CGS, is as stated in Part II, item 3, of this form.</p> <p>This information has been extracted, under our direction, from the original books, papers and records of the respondent. We have carefully examined the same, and declare the same to be a complete and correct statement."</p> | |
| 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. | |
| The foregoing was subscribed to and sworn to before me this _____ day of _____ | (Town) |
| (month) _____, _____ by _____ | (day) |
| (year) | (Signature of Notary Public or other official) |
| My commission expires _____ | (Name of Notary Public or other official) |

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

Part V: Statement of Revenues

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

| Statement of Revenues for Calendar Year ending December 31, | |
|---|-----------------------|
| 1. Revenues | Dollar Amounts |
| Retail | \$ |
| Wholesale | \$ |
| Other Revenue (such as internet, FiOS) | |
| Explain | \$ |
| Explain | \$ |
| Explain | \$ |
| Explain | \$ |
| Explain | \$ |
| Explain | \$ |
| Explain | \$ |
| Explain | \$ |
| Explain | \$ |
| Explain | \$ |
| Explain | \$ |
| Total Operating Revenue* | \$ |
| NOTE: If necessary, provide attachment for detailed explanation of Revenues. | |
| 2. Reconciliation | Dollar Amounts |
| Connecticut Revenue** | \$ |
| Non-Connecticut Revenue (other states, exceptions, etc.) | \$ |
| Total Operating Revenue* | \$ |

*Matches the revenue on the December 31, _____ Income Statement for _____.

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