## SOUTH CAROLINA PUBLIC SERVICE COMMISSION and

## SOUTH CAROLINA OFFICE OF REGULATORY STAFF

## GROSS RECEIPTS FOR THE TWELVE (12) MONTHS ENDING JUNE 30, 2024

(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		
INTRA	STATE GROSS RECEIP	ΓS		
<b>Revenues Derived Via South Carolina</b>	Operations from:			
Water Revenues		(Water) \$		
Sewer Revenues		(Sewer)		
Electricity Revenues	(	Electric)		
Natural Gas Revenues		(Gas)		
Railroad Revenues	(F	Railroad)		
Telecommunications Revenues	(T			
Total Revenues Derived Via South Ca	arolina Operations	\$		
Preparer's Signature	Date			
<u>Affidavit</u>				
State of	County of			
Personally appeared before me		who, being duly sw	orn, says that	
he/she is the	of	(Cc	mpany) and	
that the foregoing statement, for the twe	lve (12) months ending June 30, 20	024, is correctly tak	en from the	
books and records of said Company, and	I is true to the best of his/her knowle	edge and belief.		
Sworn to and subscribed before me this	day of_		, 20	
Notary Public			Pla	
M., commission symina			Se	
my continuesion expires				
Return completed form to:			He	

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.