SOUTH CAROLINA PUBLIC SERVICE COMMISSION
and
SOUTH CAROLINA OFFICE OF REGULATORY STAFF
GROSS RECEIPTS FOR THE TWELVE (12) MONTHS ENDING JUNE 30, 2026
(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

INTRASTATE GROSS RECEIPTS

Revenues Derived Via South Carolina Operations from:

Water Revenues	(Water)	$ _____
Sewer Revenues	(Sewer)	_____
Electricity Revenues	(Electric)	_____
Natural Gas Revenues	(Gas)	_____
Railroad Revenues	(Railroad)	_____
Telecommunications Revenues	(Telecom)	_____
Total Revenues Derived Via South Carolina Operations		$ _____

_____ _____
Preparer's Signature Date

Affidavit

State of _____ County of _____

Personally appeared before me _____ who, being duly sworn, says that he/she is the _____ of _____ (Company) and that the foregoing statement, for the twelve (12) months ending June 30, 2026, is correctly taken from the books and records of said Company, and is true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____ , 20___.

_____
Notary Public

My commission expires _____

Place Seal Here

Return completed form to:
South Carolina Office of Regulatory Staff
Attention: Gross Receipts Department
1901 Main Street, Suite 1500
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.

Return Deadline is August 31, 2026