

**\*\*\*COMPLETE FORM AND RETURN WITH ANNUAL REPORT FILING\*\*\***

**LOUISIANA PUBLIC SERVICE COMMISSION REPORT OF GROSS OPERATING REVENUES DERIVED FROM LOUISIANA INTRASTATE REGULATED BUSINESS FOR THE YEAR ENDING (Calendar/Fiscal):**

\_\_\_\_\_

**COMPANY CONTACT REGARDING INSPECTION & SUPERVISION REPORT**

Utility Name:			
Contact Name:			
Contact Title:			
Mailing Address:			
Physical Address:			
Telephone #:		FAX #:	
Mobile #		Email Address:	

(1)	Intrastate Gross Revenues of Electric Utility	\$
(2)	Intrastate Gross Revenues of Gas Utility	\$
(3)	Intrastate Gross Revenues of Telecommunications Utility	\$
(4)	Intrastate Gross Revenues of Water Utility	\$
(5)	Intrastate Gross Revenues of Sewer Utility	\$
(6)	Intrastate Gross Revenues of Other Utility	\$
<b>TOTAL INTRASTATE REVENUES</b>		<b>\$</b>

Under penalties of perjury, I declare that I have examined this report of Louisiana Intrastate Gross Revenues of \_\_\_\_\_ and that the above reported gross revenues  
(Utility Reporting)

accurately reflect the books of the utility for the calendar/fiscal year ending: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**NOTE:** If the Intrastate Gross Revenues reported above do not match the Gross Operating Revenues shown on the Annual Report, please provide any adjustments made to the revenue amount, along with detailed explanations of each adjustment, to show a reconciliation of the revenue amount.

**\*\*Attach a copy of the Inspection and Supervision Fee (ISF) report (Form R-5197) filed with the Louisiana Department of Revenue for the 4<sup>th</sup> quarter of the above reporting period. This report is reviewed and cross referenced with the Utility's Annual Report to ensure the accuracy of the ISF assessments filed in compliance with R.S. 45:1177.**

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Utility Name: \_\_\_\_\_  
Utility DBA: \_\_\_\_\_  
Utility Website: \_\_\_\_\_  
Utility Mailing Address: \_\_\_\_\_  
Utility Physical Address: \_\_\_\_\_  
Utility Federal Tax ID#: \_\_\_\_\_  
Utility Phone Number: \_\_\_\_\_  
Utility Fax Number: \_\_\_\_\_

**\*\*\* Water Utilities- Please provide your Louisiana Department of Health Water System No.(s)**

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* Sewer Utilities- Please provide your Louisiana Department of Environmental Quality System No.(s)**

\_\_\_\_\_  
\_\_\_\_\_

**UTILITY POINTS OF CONTACT TO WHOM LOUISIANA PUBLIC SERVICE COMMISSION CORRESPONDENCE SHOULD BE DIRECTED**

**REGULATORY CONTACT**

Contact Name:			
Contact Title:			
Mailing Address:			
Physical Address:			
Telephone #:		FAX #:	
Mobile #		Email Address:	

**REGULATORY CONTACT**

Contact Name:			
Contact Title:			
Mailing Address:			
Physical Address:			
Telephone #:		FAX #:	
Mobile #		Email Address:	

**REGULATORY CONTACT**

Contact Name:			
Contact Title:			
Mailing Address:			
Physical Address:			
Telephone #:		FAX #:	
Mobile #		Email Address:	

**ANNUAL REPORTS CONTACT**

Contact Name:			
Contact Title:			
Mailing Address:			
Physical Address:			
Telephone #:		FAX #:	
Mobile #		Email Address:	

**ANNUAL REPORTS CONTACT**

Contact Name:			
Contact Title:			
Mailing Address:			
Physical Address:			
Telephone #:		FAX #:	
Mobile #		Email Address:	

**TARIFFS CONTACT**

Contact Name:			
Contact Title:			
Mailing Address:			
Physical Address:			
Telephone #:		FAX #:	
Mobile #		Email Address:	

**COMPLAINTS CONTACT**

Contact Name:			
Contact Title:			
Mailing Address:			
Physical Address:			
Telephone #:		FAX #:	
Mobile #		Email Address:	

