	INSPECTION AND SUPERVISION FEES REPO	DRT
Federal EIN #	to the	_
	ALABAMA PUBLIC SERVICE COMMISSION	
Legal Name:		
Trade Name:		
Street:		
City,State,Zip		
Check all Certificat	es of Authority granted to this legal entity:	
ILEC Pursuant to Sec 37-2-41(a), each Commission with respect to its rates 1, of each year, a fee for the inspec Sec. 37-2-41(d), pay over the total	COCOT/PSP Toll Reseller CLEC transportation company, as defined in Sec. 37-2-1, doing business in Alabama and and service regulations shall pay quarterly to PSC, beginning each November 1 and on tion and supervision of such business during the next preceding fiscal year. Any transp fees due for the preceding fiscal year on November 1 of each year. Transportation co must pay quarterly based on gross receipts for the calendar quarter ending March 31 (1).	each quarter thereafter, February 1, May 1, August portation company may, at their own election under ompanies with more than \$60,000,000 of Alabama
	Computation of Fees	
	g the twelve (12) months ended September 30, 2021 ng, 20, ending, 20	
	-	
	evenues	
	·s	
	/enues	
	Receipts	
	ble or Bad Debts	· · · · · ·
	eccipts per Financial Records. Add lines 1 through 5	
	engaged in multistate business during reporting period: on (itemization required – use attachments if necessary):	
	on (noningation required and able ablanments in necessary).	
	ons. Add lines 7a, 7b, and 7c	
	Receipts . Subtract line 8 from line 6	
-	COCOT revenues, if Sec. 37-2-41(b) election made	
	s Receipts. Subtract line 10 from line 9	·
	Supervision Fee (Use Rate Table, not less than \$25.00)	
-	7-2-41(b) election: Number of instruments times \$10.00.	
	lity. Add lines 12 and 13	
	each quarter or may elect to remit all on November 1	
-	2021 :25% of line 14, not less than \$25.00	
b.February 1,	2022 : Subtract line 15a from 50% of line 14	
c May 1, 2022 : S	Subtract lines 15a, 15b from 75% of line 14	
dAugust 1, 202	22 : Subtract lines 15a, 15b, 15c from line 14	
UNDER PENALTIES OF PERJ	22: Subtract lines 15a, 15b, 15c from line 14 URY, I declare that I have examined this report and accompanying schedules and state. Declaration of paid preparer (other than reporting entity) is based on all inform	

Name of officer/partner/owner (PLEASE PRINT)	Signature of officer/partner/owner	Date	Title	Phone
PLEASE REMIT TO: ALABAMA PUBLIC SERVICE COMMISSION FINANCE SECTION	If the amount on line 11 is	But not		of the amount
PO BOX 304260	over	over	Enter on line 12	over
MONTGOMERY, AL 36130-4260	\$0	\$100,000	0.285%	\$0
100 NORTH UNION STREET, SUITE 950	\$100,000	\$1,000,000	\$285 + 0.235%	\$100,000
MONTGOMERY, AL 36104	\$1,000,000		\$2,400 + 0.185%	\$1,000,000