

TO: Public Service Corporations (Telecom Utilities)

FROM: Director, Utilities Division
Arizona Corporation Commission
1200 West Washington Street
Phoenix, Arizona 85007

RE: UTILITIES DIVISION ANNUAL REPORT, CALENDAR YEAR ENDING
DECEMBER 31, 2016

Enclosed is the Utilities Division Annual Report form for the calendar year ending December 31, 2016.

All public service corporations must file a Utilities Division Annual Report with the Commission pursuant to the Constitution of the State of Arizona, Article 15, Section 13; Arizona Revised Statutes, Section 40-204; and Commission Rules contained in the Arizona Administrative Code.

The Annual Report must be completed and filed by **April 15, 2017**. Failure to file an Annual Report by this date will result in the issuance of a complaint and order to show cause resulting in administrative fines. If you require additional time to file your Annual Report, you may make a request to the Commission by addressing a letter to:

**Arizona Corporation Commission
Compliance Section - Utilities Division
1200 West Washington Street
Phoenix, Arizona 85007**

However, you must still file the “VERIFICATION AND SWORN STATEMENT” and the “VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE” forms from the back of the Annual Report form by **MAY 1, 2017**, pursuant to Arizona Revised Statute 40-401.

Email: rdelafuente@azcc.gov, mail or deliver the completed Annual Report to:

**Arizona Corporation Commission
Compliance Section - Utilities Division
1200 West Washington Street
Phoenix, Arizona 85007**

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

Please click here if pre-printed Company name on this form is not your current Company name or dba name is not included.

Please list current Company name including dba here:

CONFIDENTIAL

ANNUAL REPORT

FOR YEAR ENDING

12	31	2016
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FOR COMMISSION USE

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COMPANY INFORMATION

Company Name (Business Name) _____		
Mailing Address _____		
(Street)		
_____	_____	_____
(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)
Email Address _____		
Local Office Mailing Address _____		
(Street)		
_____	_____	_____
(City)	(State)	(Zip)
1-800-_____		
NON-CONFIDENTIAL Customer Service Phone No. (Include Area Code)		
NON-CONFIDENTIAL Website address _____		

MANAGEMENT INFORMATION

<input type="checkbox"/> Management Contact: _____			
(Name)		(Title)	
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address _____			
<input type="checkbox"/> Regulatory Contact: _____			
(Name)			
_____	_____	_____	_____
(Street)	(City)	(State)	(Zip)
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
Email Address _____			

Statutory Agent: _____

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Attorney: _____

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor (S) | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the counties in which you are certificated to provide service:

- | | | |
|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> APACHE | <input type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

SERVICES AUTHORIZED TO PROVIDE

Check the following box(es) for the services that you are authorized to provide:

- Resold Long Distance Telecommunications Services
 Resold Local Exchange Telecommunications Services
 Facilities-Based Long Distance Telecommunications Services
 Facilities Based Local Exchange Telecommunications Services
 Facilities Based Private Line Telecommunications Services
 Alternative Operator Service Provider
 Other (Specify) _____

STATISTICAL INFORMATION

TELECOMMUNICATION UTILITIES ONLY

	Circuit Switched	Voice over Internet Protocol ("VoIP")
Total number of residence local exchange access lines	_____	_____
Total number of residence local exchange customers	_____	_____
Total number of business local exchange access lines	_____	_____
Total number of business local exchange customers	_____	_____
Total quantity of phone numbers assigned to Company	_____	
	Retail	Other
Total phone numbers assigned by Company to Customers	_____	_____
Total number of long distance residence customers	_____	
Total number of long distance business customers	_____	
Total local exchange revenue from Arizona operations	\$ _____	
Total intrastate interexchange revenue from Arizona operations	\$ _____	
Total intrastate revenue from Arizona operations	\$ _____	
Total intrastate income from Arizona operations	\$ _____	
Number of management employees in Arizona operations	_____	
Number of non-management employees in Arizona operations	_____	
Value of company's total assets in Arizona	\$ _____	
Value of company's total assets	\$ _____	
(Value of company's total assets in Arizona)/(Value of company's total assets)	\$ _____	
Current amount of deposits, prepayments, and advances from customers <i>(not including monthly service bills)</i>	\$ _____	
Current amount of performance bond	\$ _____	
Current amount of Irrevocable Sight Draft Letter of Credit	\$ _____	

Check box if Company is current on payments for:

- Regulatory Assessment
 AZ Universal Service Fund
 AZ 911/E911
 AZ Telephone Relay Service

COMPANY NAME:

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-509.B	Termination with Notice R14-2-509.C	OTHER
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTALS →			

OTHER (description):

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

VERIFICATION

STATE OF _____
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)
NAME (OWNER OR OFFICIAL) TITLE
COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2016

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2016 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ _____

**(THE AMOUNT IN BOX ABOVE
INCLUDES \$ _____
IN SALES TAXES BILLED, OR COLLECTED)**

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF
THIS **DAY OF**

COUNTY NAME	
MONTH	20__

(SEAL)

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY**

STATE OF ARIZONA

COUNTY OF (COUNTY NAME)	
NAME (OWNER OR OFFICIAL)	TITLE
COMPANY NAME	

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2016

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2016 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ _____

(THE AMOUNT IN BOX AT LEFT INCLUDES \$ _____ IN SALES TAXES BILLED, OR COLLECTED)

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.**

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS DAY OF

NOTARY PUBLIC NAME	
COUNTY NAME	
MONTH	20__

(SEAL)

MY COMMISSION EXPIRES

SIGNATURE OF NOTARY PUBLIC

FINANCIAL INFORMATION

Income Statements:

Attach to this annual report a copy of the companies' year-end (Calendar Year 2016) financial statements. .

Alternative templates are provided for this information. Please select one from Figure 1A, Figure 1B or Figure 1C.

(All Facilities-Based CLECs, Facilities-Based IXCs, Facilities-Based Access Line Providers & Facilities-Based Private Line Providers must submit FIGURE 1C)

Arizona Administrative Code, R14.2.1115.F, states that one of the items required in this Annual Report is a statement of income for the reporting year

Balance Sheets:

Alternative templates are provided for this information. Please select one from Figure 2A or Figure 2B.

(All Facilities-Based CLECs, Facilities-Based IXCs, Facilities-Based Access Line Providers & Facilities-Based Private Line Providers must submit FIGURE 2B)

Arizona Administrative Code, R14.2.1115.F, states that one of the items required in this Annual Report is a balance sheet as of the end of the reporting year

ALL INFORMATION MUST BE ARIZONA-SPECIFIC AND REFLECT OPERATING RESULTS IN ARIZONA.

Docket No. _____

Year Ending: 12-31-16

Company Name: _____

FIGURE 1A

Account Description

\$ Amount

Revenues:

Expenses:

Operating Income:

Net Income:

Attachment 1

Company Name: _____

FIGURE 1B

<u>Account Description</u>	<u>\$ Amount</u>
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Revenues:

Operating Expenses:

Operating Income:

Other Income and Deductions:

Interest:

Net Income:

Preferred Dividends:

Earnings Available for Common Stock:

Earnings Per Share of Average
Common Stock Outstanding:

Company Name: _____

FIGURE 1C

Account Description \$ Amount

Revenues:

Local Exchange – Dial Tone Services _____

Long Distance _____

Interstate – Access Services & Private Line _____

Intrastate – Access Services & Private Line _____

Other Revenues _____

Total revenues _____

Operating Expenses:

Cost of Services & Products _____

Selling, General & Administration _____

Deprecation & Amortization _____

Assigned/Transferred from Affiliates _____

Other Operating Expenses _____

Total Operating Expenses _____

Total Operating Income _____

Other Income and Deductions:

Regulatory Assessment Paid _____

AUSF Collections _____

AUSF Paid _____

E911/911 Collections _____

E911/911 Paid _____

TRS Collections _____

TRS Paid _____

Total Other Income _____

Total Other Deductions _____

Interest _____

Income Taxes _____

Net Income _____

Company Name: _____

FIGURE 2A

<u>Account Description</u>	<u>\$ Amount</u>
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ASSETS

Property, Plant & Equipment: (should be reversed with Current Assets)

Current Assets: (should be reversed with Property, Plant & Equipment)

Total Assets:

LIABILITIES AND STOCKHOLDERS' EQUITY

Capitalization: (should be reversed with Current Liabilities)

Current Liabilities: (should be reversed with Capitalization)

Total Liabilities and Stockholders' Equity:

FIGURE 2B

Account Description **\$ Amount**

ASSETS

Current Assets:

Cash.....	_____
Receivables.....	_____
Other Current Assets.....	_____
Total current assets	_____

Property, Plant & Equipment:

Telecommunications Plant in Service	_____
Telecommunications Plant under Construction.....	_____
Accumulated Depreciation & Amortization	_____
Other Property, Plant & Equipment.....	_____
Total property, plant & equipment.....	_____

Inventories & Other Investments....._____

Total Assets....._____

LIABILITIES AND STOCKHOLDERS' EQUITY

Current Liabilities:

Accounts Payable.....	_____
Short Term Notes	_____
Other Current Liabilities	_____
Total Current Liabilities	_____

Other Liabilities:

Long Term Borrowings.....	_____
Other Long Liabilities	_____
Total Other Liabilities	_____

Total Liabilities....._____

Shareholders' Equity:

Capital Stock	_____
Retained Earnings	_____
Total Shareholders' Equity	_____

Total Liabilities & Shareholders' Equity....._____