INSPECTION AND SUPERVISION FEES REPORT to the ALABAMA PUBLIC SERVICE COMMISSION

PLEASE REMIT TO:

ALABAMA PUBLIC SERVICE COMMISSION FINANCE SECTION

P.O. Box 304260 Montgomery, AL 36130-4260

100 North Union Street Montgomery, AL 36104

If the amount on line 11 is over	But not over	Enter on line 12	of the amount over
\$0	\$100,000	0.285%	\$0
\$100,000	\$1,000,000	\$285 + 0.235%	\$100,000
\$1,000,000		\$2,400 + 0.185%	\$1,000,000

INSTRUCTIONS for completing Inspection and Supervision Fees Report to the Alabama Public Service Commission <u>for the tw</u>elve months ended September 30, 2025.

- The report is to be completed for the twelve months that end September 30, 2025 unless the receipts meet the qualifications in Alabama Code Section 37-2-41(a) for filing and reporting quarterly (gross receipts in excess of \$60,000,000 per calendar quarter).
- Lines 1-6 should be completed based upon, and supported by, information from your legal financial records for the reporting period.
- Line 7 is to be used to deduct that portion of gross receipts reported in lines 1-6 above that
 - o are not regulated by the Commission and/or
 - o Represents receipts that are earned when engaged in multistate business during the reporting period.
- Line 10 is to be used to deduct that portion of gross receipts reported on line 9 that represents the COCOT revenues earned from those instruments in which the COCOT election allowed in Alabama Code Section 37-2-41(b) will be taken.
- Line 12 is the calculated liability due using the rate table provided above.
- Line 13 is where the \$10.00 per instrument fee is calculated for those instruments that accounted for the receipts deducted on Line 10 above.
- Line 14 represents the Total Inspection and Supervision Fee Liability due to the Commission, which in no case may be less than the \$25.00 minimum inspection and supervision fee as per Alabama Code Section 37-2-41(a).

Federal EIN #	

INSPECTION AND SUPERVISION FEES REPORT

Federal EIN #	At A DAMA DAMA GERMANIC COMMISSION	
	ALABAMA PUBLIC SERVICE COMMISSION	
Legal Name:		
Trade Name:		
Street:		
City,State,Zip		
Check all Certifica	ates of Authority granted to this legal entity:	
ILEC	COCOT/PSP Toll Reseller CLEC IXC	Railroad
Commission with respect to its ra 1, of each year, a fee for the insp Sec. 37-2-41(d), pay over the to	ach transportation company, as defined in Sec. 37-2-1, doing business in Alabama and subject to ates and service regulations shall pay quarterly to PSC, beginning each November 1 and on each quarte pection and supervision of such business during the next preceding fiscal year. Any transportation con otal fees due for the preceding fiscal year on November 1 of each year. Transportation companies wi rter must pay quarterly based on gross receipts for the calendar quarter ending March 31 (by Nov. 1), Jg. 1).	r thereafter, February 1, May 1, August npany may, at their own election under th more than \$60.000.000 of Alabama
	Computation of Fees	
	ing the twelve (12) months ended September 30, 2025	
	ning, 20, ending, 20	
	Revenues	
	ues	
	Revenues	
	oss Receipts	
5. Less: Uncollec	ctible or Bad Debts ()
	Receipts per Financial Records. Add lines 1 through 5	
	n engaged in multistate business during reporting period:	_
	rtion (itemization required – use attachments if necessary):	
	Airms Addings 75 7b and 75	
	etions. Add lines 7a, 7b, and 7c	
	coss Receipts. Subtract line 8 from line 6	
	a COCOT revenues, if Sec. 37-2-41(b) election made	
	oss Receipts. Subtract line 10 from line 9	
•	d Supervision Fee (Use Rate Table, not less than \$25.00)	
	37-2-41(b) election: Number of instruments times \$10.00. bility. Add lines 12 and 13.	
	5% each quarter or may elect to remit all on November 1	
=	1, 2025 : 25% of line 14, not less than \$25.00	
	1, 2026 : Subtract line 15a from 50% of line 14	
	6 : Subtract lines 15a, 15b from 75% of line 14	
	2026 : Subtract lines 15a, 15b, 15c from line 14	

UNDER PENALTIES OF PERJURY, I declare that I have examined this report and accompanying schedules and statements and, to the best of my knowledge and belief, it is true, correct, and complete. Declaration of paid preparer (other than reporting entity) is based on all information of which preparer has any knowledge.

Name of officer/partner/owner (PLEASE PRINT) Signature of officer/partner/owner Date Title Phone If the PLEASE REMIT TO: ALABAMA PUBLIC SERVICE COMMISSION FINANCE SECTION amount on of the

> P.O. BOX 304260 MONTGOMERY, AL 36130-4260

100 NORTH UNION STREET, SUITE 950 MONTGOMERY, AL 36104

line 11 is	But not		amount
over	over	Enter on line 12	over
\$0	\$100,000	0.285%	\$0
\$100,000	\$1,000,000	\$285 + 0.235%	\$100,000
\$1,000,000		\$2,400 + 0.185%	\$1,000,000