

**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, 2017

Enclosed is the Utilities Division Annual Report form for the calendar year ending December 31, 2017.

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 R-14-2-510.(G)(4).

The Annual Report must be completed and filed by **April 15, 2018**. 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, 2018**, pursuant to Arizona Revised Statute 40-401.

Email: [rdelafuente@azcc.gov](mailto: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	2017
----	----	------

FOR COMMISSION USE

ANN 03	17
--------	----

## COMPANY INFORMATION

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

## MANAGEMENT INFORMATION

<input type="checkbox"/> <b>Management Contact:</b> _____			
(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"/> <b>Regulatory Contact:</b> _____			
(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**

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

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	2017

**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 2017 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 12	DAY 31	YEAR 2017
---------------------	-------------	-----------	--------------

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 2017 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 2017) 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: 12-31-17

Company Name: \_\_\_\_\_

## FIGURE 1A

Account Description

\$ Amount

Revenues:

Expenses:

Operating Income:

Net Income:

Attachment 1

Docket No. \_\_\_\_\_

Year Ending: 12-31-17

Company Name: \_\_\_\_\_

## FIGURE 1B

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

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:

Attachment 2

---

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** ..... \_\_\_\_\_

Docket No. \_\_\_\_\_

Year Ending: 12-31-17

Company Name: \_\_\_\_\_

## FIGURE 2A

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

### 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:

Attachment 4

Company Name: \_\_\_\_\_

## FIGURE 2B

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

### 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**.....\_\_\_\_\_