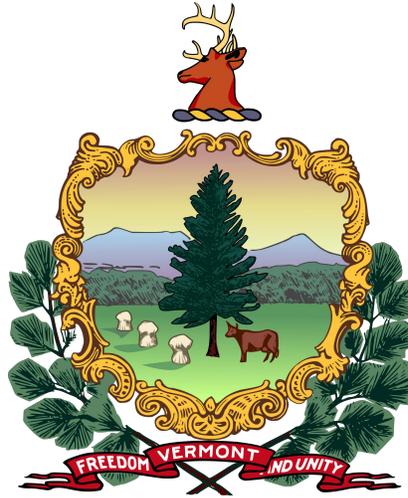


**STATE OF VERMONT
DEPARTMENT OF PUBLIC SERVICE**

802-828-2811
MONTPELIER, VERMONT
psd.vtdps@vermont.gov



**CUSTOMER-OWNED COIN-OPERATED TELEPHONE SERVICE PROVIDER
ANNUAL REPORT OF**

Company Name:

Address:

Address 2:

City:

State:

Zip:

Telephone:

If name was changed during the year, enter the previous name and date of change

Previous Name:

Date:

FOR THE YEAR ENDED DECEMBER 31,

FEDERAL TAX ID#

Officer of other person to whom correspondence should be address regarding this report:

Paid Preparer

First Name:

First Name:

Middle Name:

Middle Name:

Last Name:

Last Name:

Job Title:

Job Title:

Address:

Organization Name:

Address 2:

Address:

City:

State:

Zip:

Address 2:

Phone:

City:

State:

Zip:

Email Address:

Phone:

Web site URL:

Email Address:

Number of Full Time Equivalent (FTE) Employees:

**ANNUAL REPORT
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General Rules for Reporting

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1. If necessary or desired to show additional statements for purposes of clarification, they should be attached when submitting the annual report. Each attachment should bear the number and title of the schedule to which it pertains along with company name and year ending.

2. Pursuant to 30 V.S.A. § 22, every company subject to the supervision of the Department of Public Service and the Public Utilities Commission must file a completed Annual Report Form each year with the Department.

The Annual Report Form is to be filed on-line on or before April 15th of each year.

Gross Revenue Tax payment checks should be made **payable to:**
Treasurer, State of Vermont.

Mail Gross Revenue Tax Check to:
Vermont Department of Public Service
112 State Street
Montpelier, Vermont 05620-2601

If an extension of time is needed to file your Annual Report forms, it should be requested in writing to the Department, no later than March 30th. The extension may be granted for up to two months. There is no extension allowed for remitting the Gross Revenue Tax. **An actual or estimated tax must be remitted no later than April 15th.**

3. If an Annual Report is not filed within the time granted, the Department of Public Service, pursuant to Title 30, Section 26, will begin calculations of penalties.

"When such annual report for any year is not rendered to the department of public service and the tax due thereon is not paid on or before April 15 next following, there shall be added to the tax an additional amount equal to five percent thereof or \$1.00, whichever is greater, if such return is made and tax paid with fifteen days after becoming due, and twenty-five percent of the tax or \$10.00, whichever is greater, if such return is not made and tax paid with fifteen days after becoming due. When a company, which has failed to file such return or has filed an incorrect or insufficient return and has been notified by the department of its delinquency, refuses or neglects within twenty days after such notice to file a proper return, or files a fraudulent return, the department shall determine the tax due according to its best information and belief and shall increase the amount of tax so determined by fifty percent or \$20.00, whichever is greater. No assessment shall be made under this section unless made with two year from the date on which a correct return should have been filed but the limitation of two years to the assessment of such tax or additional tax shall not apply to the assessment of additional taxes upon fraudulent returns.

In its discretion, the department may waive the penalties mentioned in this section, if it is satisfied that the default was for any justifiable cause, and it may extend the time for filing returns or paying such tax, not to exceed two months. (Amended 1959, No. 329 (adj. Sess.), § 39(b), eff. March 1, 1961; 1979, No. 204 (Adj. Sess.), § 12, eff. Feb. 1, 1981.)"

4. Wire transfers can be sent by obtaining pre-approval from the Department of Public Service.

Upon uploading your on-line annual return documents with the following additional information may be attached.

5. Report any corporate changes such as asset sales, stock transfers or mergers.

According to 30 VSA Section 107, no company shall directly or indirectly acquire a controlling interest in any company without Public Utility Commission Approval.

6. Update consumer complaint contact person and telephone number.

7. Enclose your Customer Service Contract, pursuant to compliance with your Certificate of Public Good.

Note: If your company doesn't intend to do business in the State of Vermont now or in the future please notify the Public Utilities Commission so your Certificate of Public Good (CPG) can be revoked.

As long as a company has a CPG in Vermont, both the Gross Revenue Tax and an Annual Report are due.

**CUSTOMER-OWNED COIN-OPERATED TELEPHONE
COMPUTATION OF GROSS REVENUE TAX
(In accordance with 30 V.S.A., Section 22)**

1. Gross Operating Revenue as recorded in your system of accounts from the conduct of business in Vermont for the year ended December 31, _____

2. Deductions (Enter as Positive Number)

If any portion of the amount of Gross Operating Revenue reported in Line Item #1 was not received from the conduct of such business in Vermont, (ex. interstate revenues) such portion is not taxable and may be deducted. List deductions below; attach additional sheets if necessary.

Adjustment Description	Adjustment Amount

3. Total Deductions _____

4. Gross Operating Revenue subject to tax (subtract item 3 from item 1)
Local and Intrastate revenue _____

5. Rate of Tax Due .0050 per total amount of item #4 or \$20.00, whichever is greater. _____

Note: The minimum of \$20.00 has to be paid no matter whether or not your company did any business in the State of Vermont.

Please also complete:

Total amount of Intrastate Revenue _____

Total amount of Local Revenue _____

***Gross Operating Revenue Taxes are due at the
DEPARTMENT OF PUBLIC SERVICE on or before APRIL 15 of each calendar year.
Checks should be made payable to: TREASURER, STATE OF VERMONT
Mailing address: STATE OF VERMONT, DEPARTMENT OF PUBLIC SERVICE
112 STATE STREET, MONTPELIER, VT 05620-2601***

DIRECTORS OFFICERS

Year ended December 31,

First Name: Middle Name:
Last Name:
Job Title: Director/Officer:
Address:
City: State: Zip:
Telephone Number:
Email:

First Name: Middle Name:
Last Name:
Job Title: Director/Officer:
Address:
City: State: Zip:
Telephone Number:
Email:

First Name: Middle Name:
Last Name:
Job Title: Director/Officer:
Address:
City: State: Zip:
Telephone Number:
Email:

Annual Report to
STATE OF VERMONT
DEPARTMENT OF PUBLIC SERVICE
For the Year Ended December 31,

By electronically submitting this report, the filer

certifies that they have examined the foregoing report; that to the best of their knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the company in respect to each and every matter set forth therein during the period from
January 1, _____, to December 31, _____, inclusive.

Persons making willful false statements in this report form can be punished by fine or imprisonment under the provisions of the US Code, Title 18 Section 1001.

**EMAIL ADDRESSES FOR THE VERMONT DEPARTMENT OF PUBLIC SERVICE
ANNUAL REPORT FILINGS**

In order to contact our regulated companies via email, the Department of Public Service needs reliable email and website addresses, ones that don't readily change. If by chance your email addresses change, please notify us as soon as possible.

First Name: Middle Name:
Last Name:
Title:
Address:
Address 2:
City: State: Zip:
Phone:
Email Address:

First Name: Middle Name:
Last Name:
Title:
Address:
Address 2:
City: State: Zip:
Phone:
Email Address:

By law, all documents filed with the Vermont Department of Public Service are considered public records available for inspection by the public unless a document qualifies for exemption under 1 V.S.A. § 317. To the extent consistent with its statutory obligations, it is the general policy of the Department not to release for inspection information contained in an annual report filed under 30 V.S.A §22 which the Department has provisionally determined may qualify for exemption from disclosure under 1 V.S.A. §317. To that end, the Department will accept annual reports for filing that have been redacted by the filing utility to protect competitively sensitive information from public disclosure.

A utility may request confidential treatment of its annual report by simultaneously filing with its (non redacted) report (1) a written request for confidential treatment; (2) a redacted version of the report; and (3) an affidavit executed under oath by a duly authorized official of the utility specifying and explaining for each redacted item the grounds and legal authority it is relying upon in requesting such confidential treatment. Annual reports for which confidential treatment has been requested must be clearly and conspicuously marked as "confidential" on the title page and on all subsequent pages containing the information which the filing utility has designated for confidential treatment in the redacted version of the report.

Upon receiving a request for access to a redacted portion of an annual report, the Department will review the appropriateness of the utility's "confidential" designation and may determine to nonetheless release the requested information. Consistent with its statutory obligations, the Department will make reasonable efforts to provide the utility that filed the redacted annual report with advance notice of the Department's decision to release information that the utility designated as "confidential."

**STATEMENT OF CUSTOMER-OWNED, PAY TELEPHONES
COCOTS/COPTS
Year ended December 31,**

		Current Year
Operating Revenue		
300	Operating Revenue	
316	Other Revenue	
Total Operating Revenue		
Operating & General Expenses		
612	Repairs	
629	Supplies & Expenses	
665	Salaries & Wages	
671	Operating Rents	
675	General Expenses	
	Other	
Total Operating & General Expenses		
608	Depreciation	
Taxes		
306	Federal - Income	
307	State - Income	
	Local - Property	
	Other - Gross Revenue	
Total Taxes		
Total Operating Expenses		
Total Operating Income		
Add		
335	Interest	
336	Other	
Total		
Net Income		

Order By Location City

LOCATION NAME	LOCATION ADDRESS	CITY	QUANTITY	GROSS REVENUE
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