

ANNUAL REPORT (WATER/SEWER)

OF

(Legal Name of Utility)

(Address of Utility)

(Utility Identification Number)

TO THE
MISSISSIPPI PUBLIC SERVICE COMMISSION
P. O. Box 1174
Jackson, Mississippi 39215 - 1174

FOR THE
YEAR ENDED DECEMBER 31, 20 ____

Annual reports to stockholders are published by this utility? Yes _____ no _____.

If "yes", one copy of the published annual report to stockholders (was / will be) forwarded to the Commission on approximately _____ (date).

Officer or other person to whom correspondence should be addressed concerning this report:

Name _____ Title _____

Address _____ City _____ State _____

Telephone No. _____ Fax # _____

(This correspondence information is to be kept current by prompt notification to the Commission of any changes during the current year until the report for the succeeding year has been submitted.)

INSTRUCTIONS FOR FILING THE ANNUAL REPORT

GENERAL INFORMATION

I. PURPOSE:

This report is a regulatory support requirement as set forth by Section 77-3-79 of the Public Utilities Act of 1983. It is designed to collect financial and operational information from public utilities under the jurisdiction of the Mississippi Public Service Commission.

II. WHO MUST SUBMIT:

All public utilities who hold a Certificate of Public Convenience and Necessity and whose rates are subject to the regulation of the Mississippi Public Service Commission. In case of multi-utility operations, ***a separate annual report must be filed for each utility.*** Example: Where a utility holds a Certificate to operate both water and sewer or water and gas.

III. WHEN AND WHERE TO SUBMIT:

a) This report is to be submitted on or before May 1 of the year following the year covered by said report.

b) Submit the **original** annual report to:

Mississippi Public Service Commission
Attention: Wayne Wilkinson
P. O. Box 1174
Jackson, MS 39215- 1174
(601) 961-5481
FAX (601) 961-5804

GENERAL INSTRUCTIONS

- I. Complete each question fully and accurately even if it has been answered in a previous annual report. Enter the word "None" where it truly and completely states the fact.
- II. For any item that is not applicable to the respondent, enter the words "Not Applicable" or "NA".
- III. Revenue must be broken down by class - Residential, Commercial, and Institutional. Also, the number of customers in each class must be indicated.
- IV. Indicate negative amounts (such as decreases) by enclosing the figures in parentheses ().
- V. Provide a supplemental statement further explaining accounts or items as necessary. Attach the supplemental statement (8 1/2 X 11 inch size) to the page being supplemented. Provide the appropriate identification information, including the title of the page and page number supplemented.
- VI. Do not make references to reports of previous years or to other reports in lieu of required entries.
- VII. Complete the original report in permanent black ink or typewriter print.

GENERAL PENALTIES

"Sec. 77-3-81. Any person or corporation which willfully and knowingly violates... any part or provision thereof of the commission, shall be guilty of a misdemeanor and, upon conviction thereof, shall be subject to a fine of not more than two hundred dollars (\$200.00)..."

"... and in case of a continuing violation after a first conviction each day's continuance thereof shall be deemed to be a separate and distinct offense."

"Sec. 77-3-83. All penalties accruing under this article shall be cumulative,..."

SCEHEDULE 1 --IDENTIFICATION

1. Legal Name - Exact name of the legal entity certified by this agency: (corporate name, owner's name, partnership name, etc.)

2. Utility Name - Exact name of the utility for which this report is made: (trade name, dba, etc. - may be the same as the legal name.

3. Business Address

P. O. Box/Street: _____

City, _____ State: _____

Zip Code: _____ Area Code: _____ Phone: _____

4. Name of principal agent and title (Pres., CEO, Manager, Owner, etc.)

5. Type of Organization

Municipal	_____	Corporation – For Profit	_____
District	_____	Partnership	_____
Corporation - Nonprofit	_____	Sole Proprietorship	_____

6. If a corporation, give date and State of incorporation:

7. Date operations began in Mississippi:

8. Number of full-time employees:

9. If a change in Legal Name (1) or Utility Name (2) has occurred since the last report; give former name, date of change, and a brief explanation:

10. Please attach a copy of each facility's most recent inspection by MSDH or MDEQ.

SCHEDULE II-A

NAME OF UTILITY: _____

UTILITY I. D. NUMBER _____

TYPE OF UTILITY: WATER _____ SEWER _____

BALANCE SHEET
AS OF DECEMBER 31, 20 ____

ASSETS:

Plant Investment:		
Plant In Service	\$	
Less: Accumulated Depreciation	()	
Net Investment Plant In Service		
Construction Work In Progress		
Less: Contributions To Construction	()	
Total Plant Investment:		\$

Other Investments:		
Nonutility Property	\$	
Less: Accumulated Depreciation	()	
Investment In Associated Companies		
Utility Investments		
Other Investments		
Total Other Investments:		\$

Current and Accrued Assets:		
Cash on Hand and in Bank	\$	
Special Deposits		
Temporary Cash Investments		
Customers Accounts Receivable		
Other Accounts Receivable		
Less Provision For Uncollectible Accounts --Cr		
Notes Receivable		
Accounts Receivable from Associated Companies		
Notes Receivable from Associated Companies		
Plant Material and Supplies		
Prepayments		
Accrued Interest and Dividends Receivable		
Miscellaneous Assets		
Total Current and Accrued Assets:		\$

Deferred Debits:		
Unamortized Debt Discount and Expense	\$	
Miscellaneous Deferred Debits		
Accumulated Deferred Income Taxes		
Total Deferred Debits:		\$

TOTAL ASSETS:		\$
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SCHEDULE II-B

NAME OF UTILITY: _____

UTILITY I. D. NUMBER _____

TYPE OF UTILITY: WATER _____ SEWER _____

BALANCE SHEET AS OF DECEMBER 31, 20____

LIABILITIES AND EQUITY CAPITAL:

Equity Capital:		
Common Stock Issued	\$	
Preferred Stock Issued		
Other Paid-In Capital		
Discount On Capital Stock		
Capital Stock Expense		
Appropriated Retained Earnings		
Unappropriated Retained Earnings		
Reacquired Capital Stock		
Proprietary (for sole-owners and partnerships)		
Total Equity Capital		\$

Long-Term Debt:		
Bonds	\$	
Advances from Associated Companies		
Other Long-Term Debt		
Total Long-Term Debt:		\$

Current and Accrued Liabilities:		
Accounts Payable	\$	
Notes Payable		
Accounts Payable to Associated Companies		
Customer Deposits		
Accrued Taxes		
Accrued Interest		
Accrued Dividends		
Miscellaneous Current and Accrued Liabilities		
Total Current and Accrued Liabilities		\$

Deferred Credits:		
Unamortized Premium on Debt	\$	
Advances for Construction		
Other Deferred Credits		
Accumulated Deferred Investment Tax Credits		
Total Deferred Credits:		\$

TOTAL LIABILITIES AND EQUITY:		\$
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SCHEDULE III

NAME OF UTILITY: _____

UTILITY I. D. NUMBER _____

TYPE OF UTILITY: WATER _____ SEWER _____

ANALYSIS OF PLANT ACCOUNTS OR THE YEAR ENDING _____

INVESTMENT ACCOUNT	BEGINNING BALANCE	ADDITIONS	(DEDUCTIONS)	ENDING BALANCE
Organization Costs				
Franchises				
Land and Land Rights				
Structures and Improvements				
Collecting and Impounding				
Lake, River and other intake				
Wells and Springs				
Supply Mains				
Power Generation Equipment				
Pumping Equipment				
Collection Sewers – Force				
Collection Sewers – Gravity				
Services to Customers				
Receiving Wells				
Water Treatment Equipment				
Distribution Reservoirs				
Transmission and Distribution				
Meters and Meter Installations				
Hydrants				
Treatment and Disposal Equip				
Plant Sewers				
Outfall Sewer Lines				
Other Plant and Misc Equipment				
Transportation Equipment				
Stores Equipment				
Tools, Shop and Garage Equip				
Power Operated Equipment				
Communications Equipment				
Miscellaneous Equipment				
Other Tangible Plant				
TOTAL INVESTMENTS				

SCHEDULE IV

NAME OF UTILITY: _____

UTILITY I. D. NUMBER _____

TYPE OF UTILITY: WATER _____ SEWER _____

Number of Customers: Residential _____ Commercial _____ Industrial _____

Average Residential Annual Bill (\$) _____ Average Residential Annual Use (gallons) _____

REVENUE ACCOUNTS AND EXPENSES FOR THE YEAR ENDING _____

REVENUES:		
Unmetered revenue	\$	
Metered revenue		
Metered sales to Residential		
Metered sales to Commercial		
Metered sales to Industrial		
Metered to multiple family dwellings		
Connection Fees		
Reconnection Fees, Late Payments		
State Department of Health Fees (see footnote)		
TOTAL SERVICE REVENUES		\$
OPERATING EXPENSES:		
Salaries and Wages – Employees	\$	
Salaries and Wages – Officers		
Depreciation		
Maintenance and Repairs, Plant Equipment		
Purchased Power, Plant		
Office Utilities, Phone		
Chemicals		
Materials and Supplies		
Contractual Services, Engineering		
Contractual Services, Legal		
Contractual Services, Other		
Rental of Building/Real Property		
Rental of Equipment		
Transportation Expenses		
Insurance, General Liability		
Insurance, Other		
Advertising		
Bad Debts		
Taxes, Licenses		
State Department of Health (see footnote)		
Miscellaneous Expenses		
Other (specify)		
TOTAL OPERATING EXPENSES:		\$
NET OPERATING INCOME:		\$
Interest Expenses	\$	
Income from Utility Plant Leased to Others		
Other Income		
Other Deductions		
Total Other Income and Deductions		\$
NET INCOME OR (LOSS)		\$

Footnote: Compliance with the mandates of Senate Bill 2173 and PSC Order 92-UA-0281

SIGNATURE PAGE

I _____, of
(Person responsible for accounts)

_____, certify
(Utility Name)

that I am the person responsible for accounts; that I have examined the following report and to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.

(Signature of person responsible for accounts) **(Date)**

(Title)