

MISSISSIPPI TRS STATEMENT OF REVENUES

(COMPANY)

_____ Billing, collected in _____ : Remitted _____
(month) (month) (date)

_____ Access lines x .25 cents (rate) = \$ _____

Less expenses (itemized copy attached) \$ _____

Check issued in the amount of: \$ _____

Check No. # _____

Person responsible for completion of this form:

Name: _____

Tel. No. _____

Mail this form to: **Jody Ray**
Mississippi Public Service Commission
P.O. Box 1174
Jackson, MS 39215-1174

Mail Check directly to: Regions Bank
Attn: Donald Witherspoon
Dual Party Relay Trust Fund
1900 5th Avenue North – 26th FL
Birmingham, AL 35203