

# ANNUAL REPORT

OF

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NAME OF RESPONDENT

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ADDRESS OF RESPONDENT

TO THE



STATE OF NEW JERSEY  
BOARD OF PUBLIC UTILITIES  
44 South Clinton Avenue, 3<sup>rd</sup> Floor, Suite 314  
P.O. Box 350  
Trenton, NJ 08625-0350

FOR THE YEAR ENDED DECEMBER 31, 20

Name of Officer in charge of correspondence  
With the Board regarding this report \_\_\_\_\_

Official Title \_\_\_\_\_

Office Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Registered Agent \_\_\_\_\_

Address of Registered Agent \_\_\_\_\_  
\_\_\_\_\_

**State of New Jersey  
Board of Public Utilities  
44 South Clinton Avenue, 3<sup>rd</sup> Floor, Suite 314  
P.O. Box 350  
Trenton, NJ 08625-0350**

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**IDENTIFICATION**

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01 Exact Legal Name of Respondent:                      02 Year of Report:

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03 Previous Name and Date of Change (*If name changed during year*):

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04 Address of Principal Office at End of Year (*Street, City, State, Zip Code*):

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05 Web Address of the Company:

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06 Name of Contact Person:                      07 Title of Contact Person:

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08 Address of Contact Person\_(*Street, City, State, Zip Code*):

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09 Telephone of Contact Person:                      10 Fax Number of Contact Person:

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11 E-Mail Address of Contact Person:

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12 **This Original Report is due on March 31, 20** ;                      It is Filed on \_\_\_\_\_

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13 This is a Resubmission Report. Date Filed on (Month, Date, Year)

## CORPORATE OFFICER CERTIFICATION

The undersigned officer certifies that:

I have read this New Jersey Board of Public Utilities Annual Report: Based on my knowledge this report does not contain any untrue statement of material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances such statements were made, not misleading with respect to the period covered by this report.

Based on my knowledge the income statements, included in this report conform in all material respects with the FCC's Uniform System Of Accounts ("USOA") or Generally Accepted Accounting Principal ("GAAP") as of, and for, the periods presented in this report.

I am responsible for establishing and maintaining internal accounting controls as defined by the FCC. I have designed such internal accounting controls to ensure that material information relating to the respondent and its subsidiaries, to the extent that the respondent has subsidiaries, is made known to me by others within those entities, particularly during the period in which this report is being prepared. I have evaluated the effectiveness of internal accounting controls as of a date within 90 days prior to the period in which this report (evaluation date). I have presented in this report my conclusions about the effectiveness of the internal accounting controls based on my evaluation as of the evaluation date.

I have disclosed, based on my most recent evaluation, to the respondent's auditors and the audit committee or persons performing similar functions, to the extent that respondent has an audit committee or persons performing similar functions, that all significant deficiencies in the design or operation of internal accounting control which could adversely affect the respondent's ability to record, process, summarize and report financial data and have identified for the respondent's auditors any material weaknesses in disclosure controls and procedures and any fraud, whether or not material, that involves management or other employees who have a significant role in the respondent's internal accounting controls.

I have indicated in this report whether or not there were significant changes in internal accounting control and procedures or in other factors that could significantly affect internal accounting controls and procedures subsequent to the date of my most recent evaluation, including any corrective actions with regard to significant deficiencies and material weaknesses.

In addition, I have examined the remaining schedules contained in this report; to the best of my knowledge, information, and belief all statements of fact contained in this report are correct statements of the business affairs of the respondent and the financial statements, and other financial information contained in this report, conform in all material respect to the USOA or GAAP.

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**14 Name:**

**15 Title:**

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**16 Signature:**

**17 Date Signed:**

(Name of Company)

**INCOME STATEMENT - NEW JERSEY OPERATIONS  
FOR THE YEAR ENDED - DECEMBER 31, 20**

	<b>New Jersey (Interstate &amp; Intrastate (Outside &amp; Within)</b>	<b>Nationwide (Including New Jersey)</b>
<b><u>OPERATING REVENUES:</u></b>		
Local Network Services (L1)	\$ _____	\$ _____
Network Access Services (L2)	\$ _____	\$ _____
Long Distance Network Services (L3)	\$ _____	\$ _____
Resale Services (L4)	\$ _____	\$ _____
Wireless Services (L5)	\$ _____	\$ _____
International Services (L6)	\$ _____	\$ _____
Miscellaneous Revenues (L7)	\$ _____	\$ _____
<b>Total Gross Operating Revenues (L1 thru L7) = (L8)</b>	\$ _____	\$ _____
<b>Non-Operating Revenues (L9)</b>	\$ _____	\$ _____
<b>Non-Regulated Revenues</b>		
Internet Services (L10)	\$ _____	\$ _____
Data Services (L11)	\$ _____	\$ _____
Voice Over Internet Protocol (L12)	\$ _____	\$ _____
Fiber/Black Fiber Installation Services (L13)	\$ _____	\$ _____
Miscellaneous Non-Regulated Revenues (L14)	\$ _____	\$ _____
<b>Total Non-Regulated Revenues (L10 thru L14) = (L15)</b>	\$ _____	\$ _____
<b>Total Revenues (L8 + L9 + L15) = (L16)</b>	\$ _____	\$ _____
<b><u>OPERATING EXPENSES:</u></b>		
Uncollectible Revenues (L17)	\$ _____	\$ _____
Depreciation/Amortization (L18)	\$ _____	\$ _____
Other Operating Expenses (L19)	\$ _____	\$ _____
<b>Total Operating Expenses (L17 thru L19) = (L20)</b>	\$ _____	\$ _____
<b>Net Operating Income/Loss (L16) – (L20) = (L21)</b>	\$ _____	\$ _____

(Name of Company)

**INCOME STATEMENT - NEW JERSEY OPERATIONS  
FOR THE YEAR ENDED - DECEMBER 31, 20**

**Breakdown of New Jersey Revenues/Loss between Interstate and Intrastate**

	<b>New Jersey Interstate (Outside New Jersey)</b>	<b>New Jersey Intrastate* (Within New Jersey)</b>
<b><u>OPERATING REVENUES:</u></b>		
Local Network Services (L1)	\$ _____	\$ _____
Network Access Services (L2)	\$ _____	\$ _____
Long Distance Network Services (L3)	\$ _____	\$ _____
Resale Services (L4)	\$ _____	\$ _____
Wireless Services (L5)	\$ _____	\$ _____
International Services (L6)	\$ _____	\$ _____
Miscellaneous Revenues (L7)	\$ _____	\$ _____
<b>Total Gross Operating Revenues (L1 thru L7) = (L8)</b>	\$ _____	\$ _____ *
<b>Non-Operating Revenues (L9)</b>	\$ _____	\$ _____
<b>Non-Regulated Revenues</b>		
Internet Services (L10)	\$ _____	\$ _____
Data Services (L11)	\$ _____	\$ _____
Voice Over Internet Protocol (L12)	\$ _____	\$ _____
Fiber/Black Fiber Installation Services (L13)	\$ _____	\$ _____
Miscellaneous Non-Regulated Revenues (L14)	\$ _____	\$ _____
<b>Total Non-Regulated Revenues (L10 thru L14) = (L15)</b>	\$ _____	\$ _____
<b>Total Revenues (L8 + L9 + L15) = (L16)</b>	\$ _____	\$ _____
<b><u>OPERATING EXPENSES:</u></b>		
Uncollectible Revenues (L17)	\$ _____	\$ _____
Depreciation/Amortization (L18)	\$ _____	\$ _____
Other Operating Expenses (L19)	\$ _____	\$ _____
<b>Total Operating Expenses (L17 thru L19) = (L20)</b>	\$ _____	\$ _____
<b>Net Operating Income/Loss (L16) – (L20) = (L21)</b>	\$ _____	\$ _____

\* New Jersey Gross Intrastate Operating Revenues from the above should agree to Gross Intrastate Revenues reported on Statement of Gross Intrastate Revenues from Operations Form (AR 3 – 1 Form)

\_\_\_\_\_  
(Name of Company)

**SELECTED STATISTICAL DATA – NEW JERSEY OPERATIONS**

**As of December 31, 20**

- 1. Number of Residential Access Lines \_\_\_\_\_
- 2. Number of Business Access Lines \_\_\_\_\_
- 3. Average Residential Monthly Bill \_\_\_\_\_
- 4. Average Business Monthly Bill \_\_\_\_\_
- 5. Total Minutes of Traffic - New Jersey Operations \_\_\_\_\_
- 6. Total Minutes of Traffic - Nationwide \_\_\_\_\_
- 7. a. Total Number of Residential Customers \_\_\_\_\_  
b. Total Number of Business Customers \_\_\_\_\_  
c. Total Number of Customers \_\_\_\_\_

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**Other Information**

8. **Regulatory Contact Person::**

a. Name and Address:

b. Phone Number:

c. Fax Number:

d. E-Mail Address:

9. **Customer Complaints/Billing Inquiries:**

a. Phone Number:

b. Business Hours:

10. **Federal Employer Identification Number:**

11. Does the Company provide services to customers using their own facilities or lease facilities from Incumbent Local Exchange Carrier (ILEC)?

12. Does the Competitive Local Exchange Carrier (CLEC) have an interconnection and/or resale agreement with ILEC in the State of New Jersey?

If yes, please list the Names and address of the ILEC with whom you – CLEC – have the agreement.

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(Name of Company)

**LOCATION (NXXs)**

As of December 31, 20

**LOCATION (NXXs) in which the Company has been assigned an NXX:**

NXX	TOWN/CITY\CALLING AREA	LINES ASSIGNED