

**MISSISSIPPI TRS STATEMENT OF REVENUES**

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( 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 5<sup>th</sup> Avenue North – 26<sup>th</sup> FL  
Birmingham, AL 35203