



Annual Earnings Monitoring Report

OF

Enter Company Name Here

TO THE

RAILROAD COMMISSION OF TEXAS

FOR THE

Twelve Month Period Ending _____

Check one:

This is an original submission []

This is a revised submission []

Date of submission: _____

Line No.	Description	At Rates At 12/31/X1				At Rates At 12/31/X2		
		Total	Reference	Adjustment Amount	Total	Reference	Increase / Decrease Amount	Total
		(a)	(b)	(c)	(d)	(e)	(f)	(g)
1	Total Operating Revenues	\$ -		\$ -	\$ -		\$ -	\$ -
2								
3	Operating Expenses:							
4								
5	Gas Cost - Commodity Costs	\$ -		\$ -	\$ -		\$ -	\$ -
6	Operation and Maintenance Expense	-		-	-		-	-
7	Depreciation and Amortization Expense	-		-	-		-	-
8	Interest on Customer Deposits	-		-	-		-	-
9	Interest on Customer Advances	-		-	-		-	-
10	Taxes Other Than Income Taxes	-		-	-		-	-
11								
12	Total Operating Expenses Before							
13	Federal Income Taxes	\$ -		\$ -	\$ -		-	\$ -
14								
15	Total Operating Income Before Federal							
16	Income Taxes	\$ -		\$ -	\$ -		-	\$ -
17								
18	Federal Income Taxes	-		-	-		-	-
19								
20	Return on Rate Base	\$ -		\$ -	\$ -		\$ -	\$ -
21								
22								
23	Rate Base	\$ -			\$ -		\$ -	\$ -
24	Percent Return on Rate Base	#DIV/0!			#DIV/0!		#DIV/0!	#DIV/0!

Signature Page
Enter Company Name Here
Railroad Commission of Texas- Interim Cost Recovery and Rate Adjustment Rep

I certify that I am the responsible official of _____ ;
that I have examined the foregoing report; that to the best of my 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 above-named respondent in respect to each and every matter set forth
therein during the period from _____ to _____ inclusive.

I understand until the issuance of a final order or decision by a regulatory authority in a rate case that is filed
after the implementation of a tariff or rate schedule under this section, all amounts collected under the tariff
or rate schedule before the filing of the rate case are subject to refund.

Date

Signature

Title

Address:

Phone:

Email address:

Alternative contact regarding this report:

Name:

Title:

Address:

Phone:

Email address: