

**TRANSMISSION & DISTRIBUTION UTILITY
SYSTEM BENEFIT FUND MONTHLY REMITTANCE REPORT**

GENERAL INSTRUCTIONS

The information contained in this report is required pursuant to PUC Substantive Rule §25.451 to implement state law (Utilities Code §39.901 and §39.903) relating to electric service providers. This report is required of each transmission and distribution utility providing service in the Electric Reliability Council of Texas (ERCOT). The report is due by the 20th day of the month following the month for which service is rendered.

This report shall be submitted via electronic mail to: sbfsubmissions@puc.state.tx.us. The certification of the responsible official shall be faxed to: Jesus Morales, at (512) 936-7058.

The responsible official who signs the form should be an officer of the utility.

For questions about the remittance report, contact Jesus Morales in the Fiscal & Information Services Division of the Public Utility Commission at (512) 936-7395. Questions may also be submitted by email to: jesus.morales@puc.state.tx.us.

CONFIDENTIALITY OF INFORMATION

Information provided to the Public Utility Commission (PUC) is subject to disclosure as public information unless the response or specific parts of the response can be shown to be exempt from disclosure under Chapter 552 of the Texas Government Code, commonly known as the Public Information Act. Respondents may wish to consult legal counsel regarding the disclosure of information and take appropriate precautions to safeguard trade secrets and any other proprietary information. The PUC assumes no obligation for asserting legal arguments on behalf of any person.

If a Respondent or other person believes that the response to any question is confidential, then the Respondent or other person must specify the information that is believed to be confidential. To assert the confidentiality of information, a person must conspicuously note that some of the information in a form is believed to be confidential and identify the items that are believed to be confidential. The person must submit in writing specific detailed reasons, including relevant legal authority, stating why the information is believed to be confidential.

A person need not submit the reasons why the material is believed to be confidential in connection with each monthly report, if the person submits a statement:

- Specifically identifying the information;
- Setting out the reasons the information is believed to be confidential; and
- Requesting that the statement be considered in connection with subsequent monthly reports.

SPECIFIC INSTRUCTIONS

The reporting period shown in box 2 must be a calendar month.

PUBLIC UTILITY COMMISSION
TRANSMISSION & DISTRIBUTION UTILITY
System Benefit Fund Fee Remittance Report

1. Taxpayer Identification Number:	2. Reporting Period __/__/__ through __/__/__	3. Report Submission Date:	
4. Company Name: Contact Name: <i>Telephone:</i> <i>Fax:</i> <i>Email:</i>	5. Headquarters Address: Mailing Address if different:		
		Reporting Period	YTD
6. Dollar amount of System Benefit Fund fees <u>billed</u> :		\$	\$
7. Total kilowatt hours of electricity metered (attach breakdown by voltage level):		kWh	KWh
8. Dollar amount of System Benefit Fund fees remitted to the Comptroller of Public Accounts:		Current Month	\$
		Total Corrections from Line 10	\$
		Total Remittance	\$
9. For each competitive retailer for which you have provided delivery service, provide the System Benefit Fund fees billed during the reporting period and the associated kilowatt hours metered. Insert as many lines as needed. The sum of fees billed, as reported below, should tie to the amount reported in line 6.			
i. Name of Retail Electric Provider:	ii. REP Certificate Number:	iii. System Benefit Fund fees billed during the period:	iv. Kilowatt-hours metered for the fees billed:
A.			
B.			
C.			
D.			
To report corrections or adjustments to amounts previously reported in a previous System Benefit Fund Fee Remittance Report, provide the information requested below separately for each reporting period for which a correction is made. Repeat lines 10.A – D to report corrections for additional reporting periods. Use as many additional lines as needed beginning with 11.A-E.			
10.A. Reporting Period Corrected: __/__/__ through __/__/__	B. Date original report submitted:	Original Report	Corrected Report
C. Dollar amount of System Benefit Fund fees <u>billed</u> during the reporting period		\$	\$
D. Total kilowatt hours of electricity metered during the reporting period			
E. Dollar amount of System Benefit Fund fees remitted to the Comptroller of Public Accounts for the reporting period		\$	\$

Certification of Responsible Official

I certify that I am the responsible official of _____;
that I have examined the System Benefit Fund Fee Remittance Report of said company, submitted electronically on
this date; 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 stated. I also acknowledge that I am aware of
the records retention and audit provisions of P.U.C. Substantive Rule 25.451(i).

Date

Responsible Official

Title