AT&T Corp.

Company Name

(Provide the full name of the company as certificated or registered with the Missouri Public Service Commission, including any Commission approved d/b/a, if applicable. Please do not abbreviate.)

TELECOMMUNICATIONS COMPANY OR IVOIP PROVIDER ANNUAL REPORT TO THE

MISSOURI PUBLIC SERVICE COMMISSION

For the Calendar Year of January 1 - December 31, _____2021

This filing is required pursuant to Commission Rule 20 CSR 4240-28.012 and/or Section 392.210 RSMO.
Please select how the company is certificated and/or registered with the Commission (check all that apply):
Incumbent Local Telecommunications Company (ILEC)
X Competitive Local Exchange Telecommunications Company (CLEC)
X Interexchange or Local Non-Switched Telecommunications Company (IXC)
X Interconnected Voice over Internet Protocol Service Provider (IVoIP)
If more than one certificate or registration is held by the company you must file an annual report the Commission's Electronic Filing and Information System (EFIS) for each certificate or registration. In such situations, we anticipate the annual reports to be identical; however please verify the following:
The various annual reports filed in EFIS are identical .
The various annual reports filed in EFIS are different.
Not applicable (Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)
Please choose one of the following filing options to indicate the security level of the filing:
X Public submission (NOT Confidential)
Non-Public submission (Confidential) (See instructions for special requirements.) For this filing to be considered Confidential, additional submission of materials is required, pursuant to Commission Rule 20 CSR 4240-2.135.
Public

in

Annual Repo	ort of		AT&T Corp.
	for the ca	lendar year of J	lanuary 1 - December 31, <u>2021</u>
State in full the compar	ny's information belo	ow:	
One AT&T	Way, Room 3C219D		(908) 234-6556
	ny Street Address		Telephone Number
Company Mailing Addres	ss (if different from stree	et address)	
Bedminster	NJ	08817	
City	State	Zip	
The company's contact in	formation in FFIS has	heen reviewed	(and updated as applicable).
✓ Yes	□ No	boom reviewed ((and appared as approasie).
Annual Report Contact Interpretation List the contact information from the address in Item No	of the person completin	g the form, wheth	ner an employee or a third-party preparer. This may diff
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Eudine B	Bayne Name		
	Name		
One AT&T Way, I	Name		
One AT&T Way, I Sti	Name Room 3C219D reet Address		
One AT&T Way, I Sti	Name Room 3C219D		
One AT&T Way, I Sti	Name Room 3C219D reet Address	07921	
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One AT&T Way, F Sti Ma Bedminster	Name Room 3C219D reet Address iling Address NJ		
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One AT&T Way, If Str Ma Bedminster City (908) 234-6556 Telep eb4965@att.com En	Name Room 3C219D reet Address illing Address NJ State phone Number nail Address	Zip	

Annual Report of	AT&T Corp.
	for the calendar year of January 1 - December 31, 2021

5. Please provide the following revenue information:

Row	RETAIL END USER REVENUES	**	MO Intrastate (Column A)	**	**	Total Company (Column B)	**
1.	Local Service (Basic local telecommunications service, IVoIP service and features associated with these services)	**		**	**		**
2.	Interexchange Service (Message toll services, 800 services, interexchange operator services).	**		**	**		**
3.	Non-Switched Services (Dedicated non-switched private line services typically used by business customers. Do not include special access or private line services provided to other telecommunications or IVoIP service providers which are reported in Row 7).	**		**	**		**
4.	Bundled Voice Service (If telecommunications or IVoIP service is bundled with non-regulated services then a company may apply either of two methods in reporting bundled revenue in Column A. Method 1: Report bundled revenue in Column A based on the unbundled rate for telecommunications or IVoIP service; or Method 2: Report all bundled revenue in Column A.)	**		**	**		**
5.	Retail Uncollectibles. (Amount is typically a negative number.)	**		**	**		**
6.	RETAIL END-USER TOTAL (Row 1+2+3+4+5) Revenue in Column A will be provided to Missouri USF Administrator for assessment purposes.)	**		**	**		**
	WHOLESALE CARRIER'S CARRIER AND UNIVERSAL SERVICE FUND	REV	/ENUES				
7.	Revenue from services provided for resale as telecommunications or IVoIP services from another telecommunications or IVoIP service provider. This row typically includes revenue associated with switched access service, special access service, billing and collection service. NECA settlements, if any, should be reported solely in Column B.	**		**	**		**
8.	Miscellaneous Carrier's Carrier Revenue (Remaining Carrier's Carrier Revenue provided in FCC Form 499-A, Block 3 that is not reported in Row 7).	**		**	**		**
9.	Wholesale Uncollectibles. (Amount is typically a negative number.)	**		**	**		**
10.	Federal USF Revenue (List federal USF revenue in Column B; however, any Connect America Fund Intercarrier Compensation funding used to replace revenue caused by mandatory intrastate switched access rate reductions should be reported in Column A.)	**		**	**		**
11	State USF Revenue	**		**	**		**
12	TOTAL REVENUES (Row 6+7+8+9+10+11) The Total Revenue in Column A should match the Total Gross Intrastate Operating Revenue reported on the Missouri PSC's Statement of Revenue form.	**		**	**		**

Revenue reporting clarifications:

Total Company Revenue (Column B) = Missouri Intrastate revenue in Column A + Interstate revenues + International revenues.

IVoIP revenue: If unable to distinguish Missouri Jurisdictional revenue in Column A then a safe harbor percentage can be applied to total revenue that corresponds to the FCC's safe harbor percentage.

Retail non-switched private line service revenue: All of a customer's non-switched private line service revenue can be reported in Column B if 10% of more of the customer's private line network traffic is considered interstate traffic.

Public

For use when filing under seal.

6. Line Quantities for Basic Local Telecommunications &/or IVoIP Services

	Line Quantities							
Exchange	**	Residential	**	**	Business	**		
BELTON	**		**	**		**		
BLUE SPG	**		**	**		**		
CAMERON	**		**	**		**		
CAPEGIRARD	**		**	**		**		
CARTHAGE	**		**	**		**		
CHESTERFLD	**		**	**		**		
CREVECOEUR	**		**	**		**		
DARDENNE	**		**	**		**		
FENTON	**		**	**		**		
FERRELVIEW	**		**	**		**		
FULTON	**		**	**		**		
HANNIBAL	**		**	**		**		
HARVESTER	**		**	**		**		
JEFFERSNCY	**		**	**		**		
JOPLIN	**		**	**		**		
KANSASCITY	**		**	**		**		
KIRKSVILLE	**		**	**		**		
KIRKWOOD	**		**	**		**		
LADUE	**		**	**		**		
LEESSUMMIT	**		**	**		**		
LIBERTY	**		**	**		**		
LKOZKOSBCH	**		**	**		**		
MANCHESTER	**		**	**		**		
MARYVILLE	**		**	**		**		
MAXVILLE	**		**	**		**		
MEHLVILLE	**		**	**		**		
MONETT	**		**	**		**		
PACIFIC	**		**	**		**		
Totals:	**		**	**				

About reporting line quantities:

- 1. Report line quantities for basic local telecommunications service and/or IVoIP service as those terms are defined in 386.020(4) and (23).
- 2. Lines include analog and digital. For DS-1 or higher band-width facilities a voice grade equivalency must be used. For channelized service report the number of channels subscribed to by the customer. For non-channelized facilities, filers are instructed to use a good-faith esitmate of the number of voice grade equivalent lines used for voice service.
- 3. Exchange refers to areas as listed in ILEC tariffs. (Exchanges are not always the same as rate centers, wire centers and central offices.)
- 4. Per 392.550(7)(c) IVoIP line quantities must be filed on a confidential basis. See instructions for how to file annual report information on a confidential basis.

Public

For use when filing under seal

6. Line Quantities for Basic Local Telecommunications &/or IVoIP Services

	Line Quantities					
Exchange	**	Residential	**	**	Business	**
PIERCECITY	**		**	**		**
ROLLA	**		**	**		**
SIKESTON	**		**	**		**
SPRINGFLD	**		**	**		**
ST CHARLES	**		**	**		**
ST JOSEPH	**		**	**		**
ST LOUIS	**		**	**		**
VALLEYPARK	**		**	**		**
WARRENSBG	**		**	**		**
VoIP Exchange Breakdown	**		**	**		**
Totals:	**		**	**		**

About reporting line quantities:

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Public

	for the calendar ye	ear of January 1 -	December 31, <u>2021</u>
	Relay Missouri As	ssessment ¹	
		Annua	l Totals
7. Revenue	Collected From Relay Missouri Surcharge	**	**
Amount F	Retained for Billing and Collecting the Surcharge	**	**
Relay Mis	ssouri Revenue Remitted to Relay Missouri Fund	**	**

9. If your firm did not impose the Relay Missouri Surcharge, please explain:

Public

For use when filing under seal.

¹ ILECs, CLECs and IVoIP providers are required to complete this page; however, companies classified solely as IXCs are not expected to complete this page.

for the calendar year of January 1 - December 31, 2021

VERIFICATION

The foregoing report must be verified by the Oath of the President, Treasurer, General Manager or Receiver of the company. The Oath required may be taken before any person authorized to administer an oath (Notary Public) by the laws of the State in which the same is taken.

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County Of		Somerset	1	•	
-		Joinerset			
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_	Name of Affiant (C	Company Offic	ial/Representative)	_	,
she is		Dire	ector - Accounting		
- Sile is	Officia		fiant (Company Officia		
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of _	Event Logal Ti	tle or Neme of	AT&T Corp. the Respondent (Ce	rtificated Company Na	mal
	Exact Legal II	ue of Mattle of	me kespondent (Ce	runcateu Company Na	111 0)
and is located at	One AT	&T Way, Bed	dminster, NJ 0792	1 (908) 234-7233	,
	Address and Tele	phone Numbe	er of the Affiant (Com	pany Official/Represe	ntative)
	affairs of the above-	named respon	rt are true and the sandent, and 2) examine	ed (and updated as a	statement pplicable)
the company's conta listed contacts are c	affairs of the above- act information in EF correct.	named respon	rt are true and the sandent, and 2) examine of his or her knowle	id report is a correct ed (and updated as a dge, information, and	statement pplicable) d belief, all
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