# MCI Communications Services LLC d/b/a Verizon Business Services

### **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 sel	lect how the company is certificated and/or registered with the Commission (check y):
	Incumbent Local Telecommunications Company (ILEC)
	Competitive Local Exchange Telecommunications Company (CLEC)
Х	Interexchange or Local Non-Switched Telecommunications Company (IXC)
Х	Interconnected Voice over Internet Protocol Service Provider (IVoIP)
the Comm	an one certificate or registration is held by the company you must file an annual report in hission's Electronic Filing and Information System (EFIS) for each certificate or on. In such situations, we anticipate the annual reports to be identical; however please following:
	The various annual reports filed in EFIS are identical.
Х	The various annual reports filed in EFIS are <b>different.</b>
	Not applicable (Company only has one certificate or registration; therefore only one annual report was filed in EFIS.)
Please ch	oose one of the following filing options to indicate the security level of the filing:
Х	Public submission (NOT Confidential)
	<b>Non-Public submission</b> (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.
	Dublic

i ubiic

For use when filing under seal.

Excel Issue Date: 2/14/2022

Zip

2. The company's contact information in EFIS has been reviewed (and updated as applicable).

State

✓Yes □ No

City

3. Annual Report Contact Information:

List the contact information of the person completing the form, whether an employee or a third-party preparer. This may differ from the address in Item No. 1.

Sharon Adams		
Name		
22001 Loudoun County Pa	arkway, E1-3-50	07
Street Addre	ess	
Mailing Addr	ress	
Ashburn	VA	20147
City	State	Zip
703-694-5951		
Telephone Nu	ımber	
sharon.e.adams@verizon.com		
Email Addre	ess	

4. Identify the company's top three principal or general officers at the end of the year.

 Title
 Name

 SVP and CFO
 John Townsend

 SVP, GC and Secretary
 John Frantz

Annual Report of	MCI Communications Services LLC d/b/a Verizon Business Services	
·-		

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)		REDACTED			REDACTED	
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 FUN	ID R	REVENUES	•			
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.		REDACTED			REDACTED	

#### 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

		Li	ne Q	uan	tities	
Exchange	**	Residential	**	**	Business	**
<u> </u>						
The company is not a CLEC.		N/A			N/A	
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.

this page.

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

# Relay Missouri Assessment<sup>1</sup>

			Annual Totals
7.	Revenue Collected From Relay Missouri Surcharge		
	Amount Retained for Billing and Collecting the Surcharge		
	Relay Missouri Revenue Remitted to Relay Missouri Fund		
			<del>-</del>
8.	Please indicate the per line value of the Relay Missouri Surcharg	ae a	applied to your customers in December.
•		<b>J</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9.	If your firm did not impose the Relay Missouri Surcharge, please	e ex	oplain:
	The company is an IXC.		

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

Public

For use when filing under seal.

, , ,					
		0	ATH		
State Of				}	
				ss:	
County Of				<b>,</b>	
				makes oath and	says that
	Name of Affiant (C	Company Offi	cial/Representative)	<del></del>	
s/he is					
	Official	Title of the A	Affiant (Company Office	ial/Representative)	
of					
	Exact Legal Ti	tle or Name o	f the Respondent (Ce	rtificated Company N	lame)
nd is located at	Address and Tele	phone Numb	er of the Affiant (Con	npany Official/Repres	entative)
nd is located at	Address and Tele	phone Numb	er of the Affiant (Con	npany Official/Repres	entative)
	Address and Tele		·		ŕ
hat s/he has 1) ex elief, all statemer	amined the foregoing nts of fact contained in	report; to the	e best of his or her kn	owledge, information	on, and
hat s/he has 1) ex elief, all statemer tatement of the b	amined the foregoing	report; to the the said rep the above-na	e best of his or her kn ort are true and the s amed respondent, and	owledge, informational aid report is a correct 2) examined (and controls)	on, and ect updated as
pelief, all statement statement of the b applicable) the co	amined the foregoing nts of fact contained in usiness and affairs of	report; to the n the said rep the above-na mation in EFI	e best of his or her kn ort are true and the s amed respondent, and	owledge, informational aid report is a correct 2) examined (and controls)	on, and ect updated as
hat s/he has 1) ex pelief, all statemen tatement of the b applicable) the co	amined the foregoing nts of fact contained in usiness and affairs of mpany's contact infor	report; to the n the said rep the above-na mation in EFI	e best of his or her kn ort are true and the s amed respondent, and	owledge, informational aid report is a correct 2) examined (and controls)	on, and ect updated as

Signature of Notary Public

(If electronic signatures are used, you must use "/s/" before the name.)

**Notary Commission Number** 

Missouri Revised Statutes § 392.210 or §393.140

day of

My Commission expires

Company Name:	MCI Communications Services LLC d/b/a Verizon Business Services
oompany mame.	

For the calendar year January 1 - December 31, 2021

			OATH		
State Of	Vir	ginia	}}		
County Of	Loi	ıdoun	} }	ss:	
-cu <b>y</b>		Sharon Adams	,	makes oath	and says that
	Name of Af	iant (Company Offic	ial/Representative)	_	
		0			
s/he is			rnment Relations Au of the Affiant (Compa	nalyst ny Official/Representative)	
and is located at	Add			ant(Company Official/Repres	,
statements of fact c affairs of the above	mined the foregoing rep ontained in the said rep -named respondent, and to the best of his or he	ort are true and the 2) examined (and	ne said report is a d updated as appli	correct statement of the cable) the Company's c	business and ontact
statements of fact c affairs of the above	ontained in the said rep named respondent, and to the best of his or he	ort are true and tl 2) examined (and r knowledge, info	ne said report is a d updated as appli rmation, and belie	correct statement of the cable) the Company's c	business and ontact
statements of fact c affairs of the above information in EFIS	ontained in the said rep named respondent, and	ort are true and tl 2) examined (and r knowledge, info	ne said report is a d updated as appli	correct statement of the cable) the Company's c f, all listed contacts are	e business and ontact correct.
statements of fact c affairs of the above information in EFIS	ontained in the said rep named respondent, and to the best of his or he January 1	ort are true and ti 2) examined (and knowledge, info 	ne said report is a d updated as appli rmation, and belief to and including	correct statement of the cable) the Company's cf, all listed contacts are	e business and ontact correct.

See the Instructions for more information to complete this page.