



**State of Delaware  
The Public Service Commission**

**Annual Gross Revenue Return  
And  
Statement of Assessment Due  
For the Year 2024**

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Company Name

**On or before March 31 of each year**, each Community Energy Facility subject to the Provisions of Title 26, Delaware Code, shall file this Annual Gross Revenue Return and Statement of Assessment Due for such Calendar year accompanied by a check in payment thereof with This Commission at the following address:

**DELAWARE PUBLIC SERVICE COMMISSION  
861 SILVER LAKE BLVD. SUITE 100  
DOVER, DE 19904  
PHONE (302) 736-7500**

**The Delaware Public Service Commission**

**Annual Gross Revenue Return  
And  
Statement of Assessment Due  
For the Year 2024**

1. Name of business: \_\_\_\_\_  
Federal ID number: \_\_\_\_\_
2. Business Address: \_\_\_\_\_  
\_\_\_\_\_
3. Location of Facility: \_\_\_\_\_
4. Did you operate in Delaware during the whole year? \_\_\_\_\_  
If not, show operating period: \_\_\_\_\_

**NOTE: No assessment is imposed on a community energy facility having Delaware gross operating intrastate revenues of less than \$10,000 in a calendar year. In accordance with 26 Del.C. §1014(f)(15), in relevant part, “the “gross operating revenue” shall equal the sum of the net-metering credits produced...and the revenue derived from unsubscribed energy.”**

5. GROSS DELAWARE INTRASTATE OPERATING REVENUES  
(Revenues from Delaware Operations) \$ \_\_\_\_\_  
**Company must provide backup financial data to support this figure;  
show computation on pg. 4.**

REGULATORY ASSESSMENT CALCULATION:

6. If the amount on Line 5 is Less Than \$10,000 enter Zero (0) on Line 9. \$ \_\_\_\_\_
7. If the Amount on Line 5 is Greater than \$10,000, multiply Line 5 by .004 (4 mils) \$ \_\_\_\_\_
8. If the Company made a partial payment pursuant to 26 Del. C. §115 (e) last September, than enter the amount of the payment here. If, not enter Zero (0). \$ \_\_\_\_\_
9. Net Regulatory Assessment Due. \$ \_\_\_\_\_  
Deduct Line 8 from Line 7.

**AFFIDAVIT**

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_

20 \_\_\_\_\_.

\_\_\_\_\_  
*Signature*

**NOTARY SEAL**

\_\_\_\_\_  
*Official Title*

\_\_\_\_\_  
*Date Commission Expires*

**CERTIFICATION**

The information reported above is true and correct.

\_\_\_\_\_  
*Signature of Individual or Officer*

\_\_\_\_\_  
*Name of Signee (print or type)*

\_\_\_\_\_  
*Title of Signee (print or type)*

\_\_\_\_\_  
*Telephone Number of Signee*

\_\_\_\_\_  
*Address of Signee*

**PREPARER INFORMATION:**

\_\_\_\_\_  
*Signature of Preparer (if other than above)*

\_\_\_\_\_  
*Name of Preparer (print or type)*

\_\_\_\_\_  
*Title of Preparer (print or type)*

\_\_\_\_\_  
*Telephone Number of Preparer*

## COMPUTATIONS