

b.



# Public Utility Gross Receipts Assessment Report

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.

a. T Code ■ 2047100

• Type or print.

|                         |                                    |                  |         |             |
|-------------------------|------------------------------------|------------------|---------|-------------|
| c. Taxpayer number<br>■ | d. Commission certification number | e. Filing period | f.<br>■ | g. Due date |
|-------------------------|------------------------------------|------------------|---------|-------------|

h. Name and mailing address (Make any necessary name or address changes below.)

i. IMPORTANT

Blacken this box if your mailing address has changed. Show changes beside the preprinted information. → 1. ☐

Blacken this box if you are no longer in business and write in the date you went out of business. → 2. ☐  
Month Day Year

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

## Instructions for Completing Public Utility Gross Receipts Assessment Report

j. ☐

### Who Must File

Each public utility, retail electric provider and electric cooperative within the jurisdiction of the Public Utility Commission must pay the Public Utility Gross Receipts Assessment (PUGRA).

### When to File

For annual filers, the due date is Aug. 15 for the twelve-month period covering July 1 of the prior year through June 30 of the current year. For quarterly filers, the due date of PUGRA is Aug. 15, Nov. 15, Feb. 15 and May 15 for the calendar quarter preceding the due date. For example, the quarter covering Jan. through Mar. 2025 was due May 15, 2025.

### General Instructions

If any preprinted information is not correct, mark out the item and put in the correct information.

### Whom to Contact for Assistance

For assistance, call 800-531-5441, ext. 3-4276, or 512-463-4276. Information is also available online at [www.comptroller.texas.gov/taxes/public-utility](http://www.comptroller.texas.gov/taxes/public-utility).

### Specific instructions

**Item d - Commission certification number.** Enter your certification number as assigned by the Public Utility Commission.

**Item 1 - Total receipts for the filing period.** Enter the amount for total receipts during the filing period. Enter dollars and cents.

**Item 2 - Total assessment due.** Enter the value of total assessment due by multiplying the value entered in Item 1 by .001667. Enter dollars and cents.

**Item 3 - Late payment penalty.** If payment is late, a 10 percent penalty is assessed on the tax balance due. Enter dollars and cents.

**Item 4 - Amount due.** Enter the value of Item 2 plus Item 3. Enter dollars and cents.

**Item 5 - Late payment interest.** If a balance remains after 30 days following the due date, interest will accrue at a rate of 12 percent on the amount of the assessment and penalty due. Calculate the interest owed by multiplying Item 4 by 0.12, then multiply that number by the number of days late divided by the days in the year. For this calculation, the first day late is the 31st day after the due date.

**Item 6 - Total amount due and payable.** Add the amounts in Item 4 and Item 5. Make the amount in Item 6 payable to State Comptroller.

### Calculate the amount of tax due. Report dollars and cents.

1. Total receipts for the filing period ..... 1. ■
2. TOTAL ASSESSMENT DUE (Multiply Item 1 by .001667) ..... 2. ■

\*\*\* DO NOT DETACH \*\*\*

Form 20-106 (Rev.4-26/17)



## Public Utility Gross Receipts Assessment Report

3. Late payment penalty (10 percent of Item 2 if paid after due date) ..... 3. \_\_\_\_\_
4. Amount due (Item 2 plus Item 3) ..... 4. \_\_\_\_\_
5. Late payment interest starting 31 days after due date (12 percent annum simple interest, based on Item 4) ..... 5. \_\_\_\_\_
6. TOTAL AMOUNT DUE AND PAYABLE (Item 4 plus Item 5) ..... 6. ■

|               |         |    |
|---------------|---------|----|
| Taxpayer name | k.<br>■ | l. |
|---------------|---------|----|

■ T Code      ■ Taxpayer number      ■ Period

I declare the information in this document and all attachments is true and correct to the best of my knowledge and belief.

sign here Taxpayer or duly authorized agent

Daytime phone  
(Area code & number)

Date

Make the amount in Item 6 payable to STATE COMPTROLLER  
Mail to COMPTROLLER OF PUBLIC ACCOUNTS  
P.O. Box 149361  
Austin, TX 78714-9361