/FLORIDA PUBLIC SERVICE COMMISSION AUDIT DOCUMENT/RECORD REQUEST NOTICE OF INTENT

TO: Jared Deason	UTILITY: Utilities, Inc.
AUDIT MANAGER: Donna Brown	PREPARED Donna Brown 850-413-6469 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850 ddbrown@psc.state.fl.us
REQUEST NUMBER: Affiliate 4	DATE OF REQUEST: 09/06/2016
AUDIT PURPOSE: Affiliate Transactions; Docket No. 160101-WS	
REQUEST THE FOLLOWING ITEM(S) BE PROVIDED BY: 09/14/2016	
REFERENCE RULE 25-22.006, F.A.C., THIS REQUEST IS	S MADE: 9 INCIDENT TO AN INQUIRY × OUTSIDE OF AN INQUIRY
ITEM DESCRIPTION:	
Please provide the following:	
1. Supporting documentation for your adjustments to rate base and net operating income for the test year that shows allocations from any other divisions. (Chicago HQ, Florida HQ, Regional HQ), i.e. vehicle, depreciation, and transportation expense. Response – See attached spreadsheets	
2. A list of employees charged through allocation, their duties, and pay during the test year, benefits, payroll taxes, and percent of time spent on utility business in 2015. Response – See attached spreadsheets	
3. Provide a schedule comparing the allocated payroll and benefits in 2015 to the allocation percentages used to allocate the other expense accounts in the filing. Response – See attached spreadsheets	
 Prepaid insurance schedule for 2015. Also provide the related invoices that were amortized over the test year and show amortization calculation. Response – See attached spreadsheet and related insurance invoices Thank you. 	
TO: AUDIT MANAGER	DATE 10-16-2016
THE REQUESTED RECORD OR DOCUMENTATION:	
(1) 9 HAS BEEN PROVIDED TODAY	
(2) 9 CANNOT BE PROVIDED BY THE REQUES	TED DATE BUT WILL BE MADE AVAILABLE BY:
CONFIDENTIAL HANDLING OF THIS MATE 21 DAYS AFTER THE AUDIT EXIT CONFER	IS (ARE) PROPRIETARY AND CONFIDENTIAL BUSINESS 66.093, OR 367.156, F.S. TO MAINTAIN CONTINUED ERIAL. THE UTILITY OR OTHER PERSON MUST, WITHIN RENCE, FILE A REQUEST FOR CONFIDENTIAL THE COMMISSION CLERK. REFER TO RULE 25-22.006,
(4) 9 THE ITEM WILL NOT BE PROVIDED (SEE	1//a
(SIGNATURE AND TITLE OF RESPONDENT)	
Distribution: Original: Utility (for completion and return to Auditor)	Copy: Audit File

Form PSC/APA 6 (2/95)