

NEW YORK STATE  
DEPARTMENT OF PUBLIC SERVICE

Office of the Secretary  
Three Empire State Plaza  
Albany, N.Y. 12223

The cable television company Annual Financial Report (AFR-1) is required to be file with this Department, in DMM Matter Number 09-01904, no later than 90 days after the close of the company fiscal year.

Late filing of the Annual Financial Report can subject the company to the forfeiture provisions of Article 11, Section 227-a of the Public Service Law. Section 227-a provides, in part, that “any cable television company which (a) shall fail to make and file its annual report as and when required or within such extended time as the Department may allow, or (b) shall fail to make specific answers to any question within the period specified by the Commission for the making and filing of such answers, or (c) shall fail to submit such special reports as the Commission may, from time to time require, within the period specified by the Commission for the submission thereof, shall forfeit to the state the sum of one hundred dollars for each and every day such company shall continue to be in default with respect to such annual report, answer or special report”.

If you require an extension of time in which to file your report such request must be in writing and received at least 10 business days before your report is due. A form for requesting an extension of the time in which to file is provided with this notice.

The following instructions are provided to eliminate the most common errors made on prior AFR's.

**When completing the Statement of Profit and Loss:**

- 1) Report all revenues at the gross amount earned.
- 2) Report on line 3 all revenues earned from regulated activities including basic and cable programming service tiers, and equipment rentals and sales.
- 3) Report on line 4 all revenues earned from non-regulated programming service tiers, including remaining tiers, A la carte, pay per channels and pay per view services.

When completing the Schedule of Expenses (page 14), report on line 30, column B of the schedule, the programmer supplier costs for pay services in addition to the costs of other fees and royalties paid for broadcast and similar rights. Also, include on line 23, column (c) payments to municipalities or community access organizations for funding PEG access.

Submitting an incorrect AFR will require the submission of an amended AFR.

NOTE: EMAIL COMPLETED FORM TO: [secretary@dps.ny.gov](mailto:secretary@dps.ny.gov)

TO BE FILED IN DMM MATTER NUMBER: 09-01904

## FORM AFR – 1

Annual Financial Report for Period Beginning January 1, 2022

and Ending December 31, 2022

Name: Verizon New York Inc.  
*Full Name of Cable Television Company*

Address: 140 West Street  
*Mailing Address*

City: New York State: NY Zip Code: 10007

Telephone #: (800) 837-4966 FAX #: \_\_\_\_\_  
*(Include Area Code)* *(Include Area Code)*

Business Entity: Corporation  
*Indicate if a Sole Proprietorship; Partnership; Limited Partnership; Corporation;  
Not for Profit; other (describe).*

## Notice

This report shall be filed with the Department by every company providing cable television services, which is required to maintain records in accordance with the Uniform Reporting System, and may be filed by any company providing cable television services, which voluntarily maintains its financial records in accordance with the Uniform Reporting System.

This report shall be filed with the Department within 90 days of the end of your fiscal year.

Part I of this report consists of questions of a general informational nature. Part II consists of financial statements and schedules based on the account descriptions employed on prior year AFR forms. Part III consists of consolidated financial statements that must be completed when one of the following situations exists.

1. Reporting company has an equity interest of 20% or more in another company, or
2. Reporting company operates in whole or in part in a state other than New York or has significant non-cable activities. In such cases, the New York State cable activities will be reported in Part II and all other activities plus New York State activities will be reported in Part III.

Additional instructions for completing Part III are on page 16.

## General Instructions

1. All entries are to be in permanent form. Negative amounts are to be enclosed in parentheses.
2. The words "not applicable" are to be shown on any schedules or in reply to any question, which does not apply to respondent.
3. Additional explanations, schedules or statements may be attached to the back of this form for the purpose of further explanation. The additional explanations, schedules or statements shall be cross-referenced to the question, statement or schedules to which they are related.
4. Amounts reported on the AFR shall be rounded to the nearest dollar.
5. If you require assistance phone (518) 474-6530 or write New York State Department of Public Service, Office of the Secretary, Three Empire State Plaza, Albany, N.Y. 12223.

**PART I**

1. To whom should correspondence and inquiries concerning this report be addressed?

<u>David Hayes</u>	<u>49 Ballston Av</u>	
Name	Mailing Address	
<u>Manager</u>	<u>Ballston Spa</u>	
Title	City	
<u>518-704-2066</u>	<u>NY</u>	<u>12020</u>
Area Code and Phone #	State	Zip Code

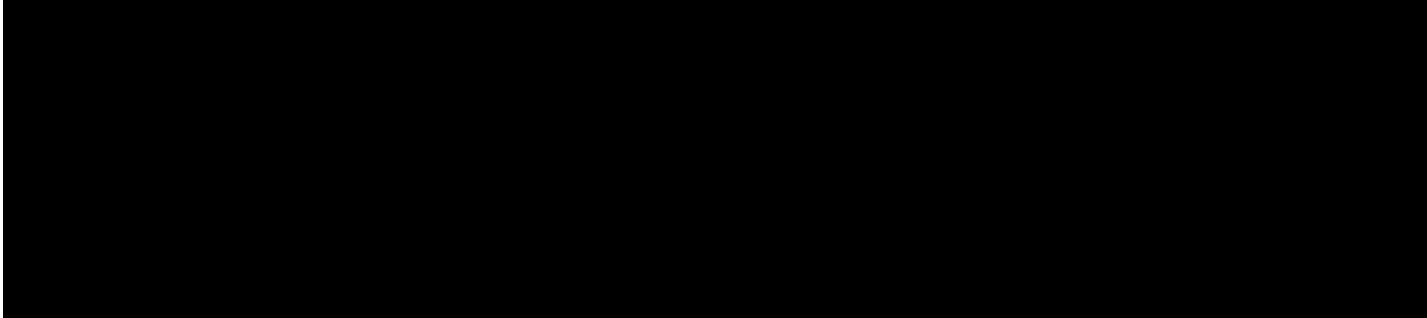
2. List below the name of each municipality granting a franchise and each Geographic area you serve in which a franchise has not been granted. In addition, provide information for each municipality and area served as indicated on table below. Indicate operation in a non-franchised area by placing the letter "N" after the area served.

All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

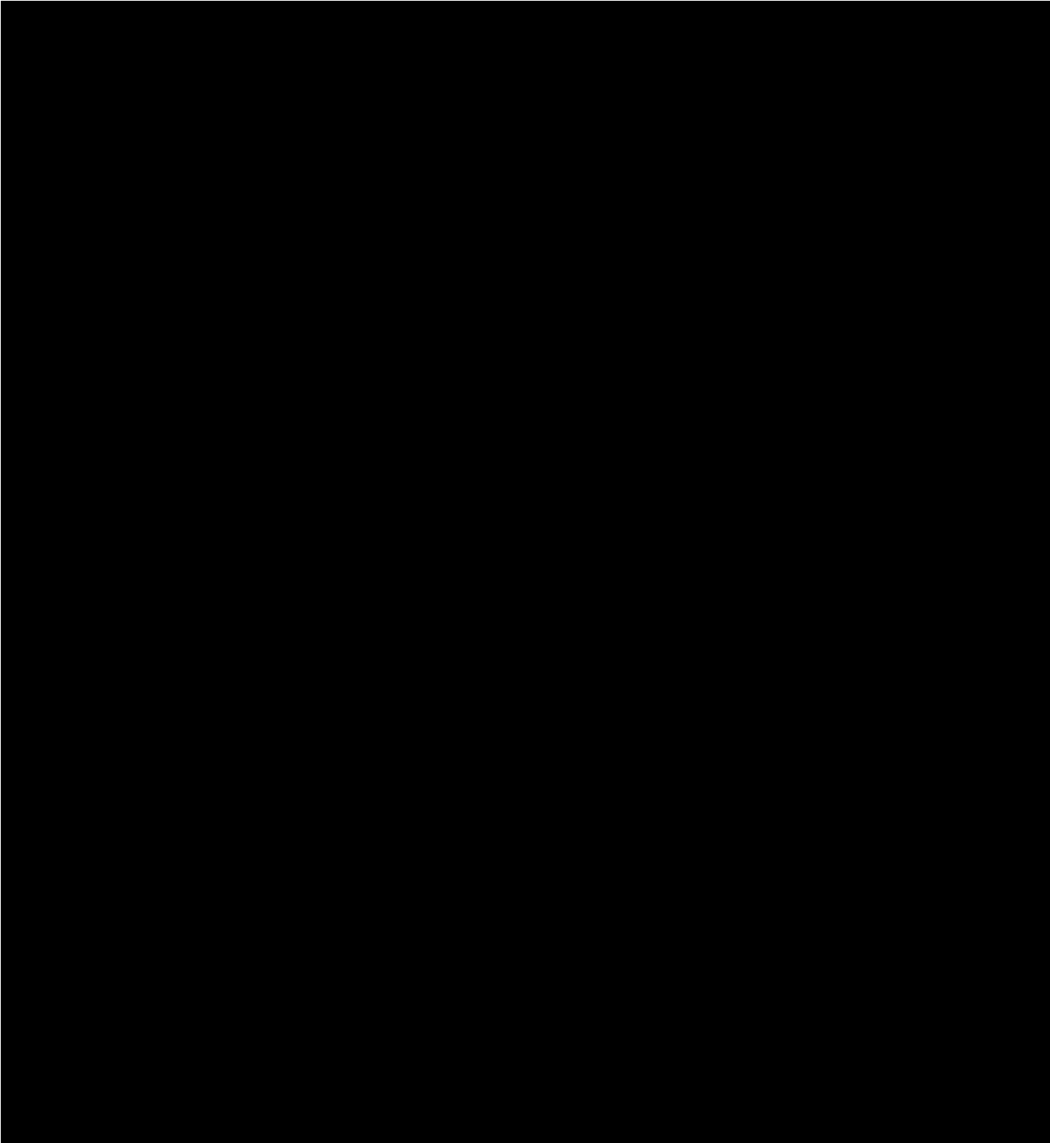
A.	B.	C.	D.	E.
Franchise Area Served	Number of Subscribers	Estimated % of Penetration	Total Miles of Plant Completed	Total Route Miles in Franchise Area <sup>1</sup>



- A. Identify whether a locality is a city, town, village or unincorporated area by using the following codes: 'C' – City, 'T' - Town, 'V' – Village
- B. Total amount of first or primary outlets not to include additional outlets or other services.
- C. % of penetration – number in Column B divided by number of homes passed.
- D. Total plant miles completed
- E. Total miles of plant required to be constructed in municipality.

<sup>1</sup> The numbers in column E are estimates.

A. Franchise Area Served	B. Number of Subscribers	C. Estimated % of Penetration	D. Total Miles of Plant Completed	E. Total Route Miles in Franchise Area
--------------------------------	--------------------------------	-------------------------------------	--	--



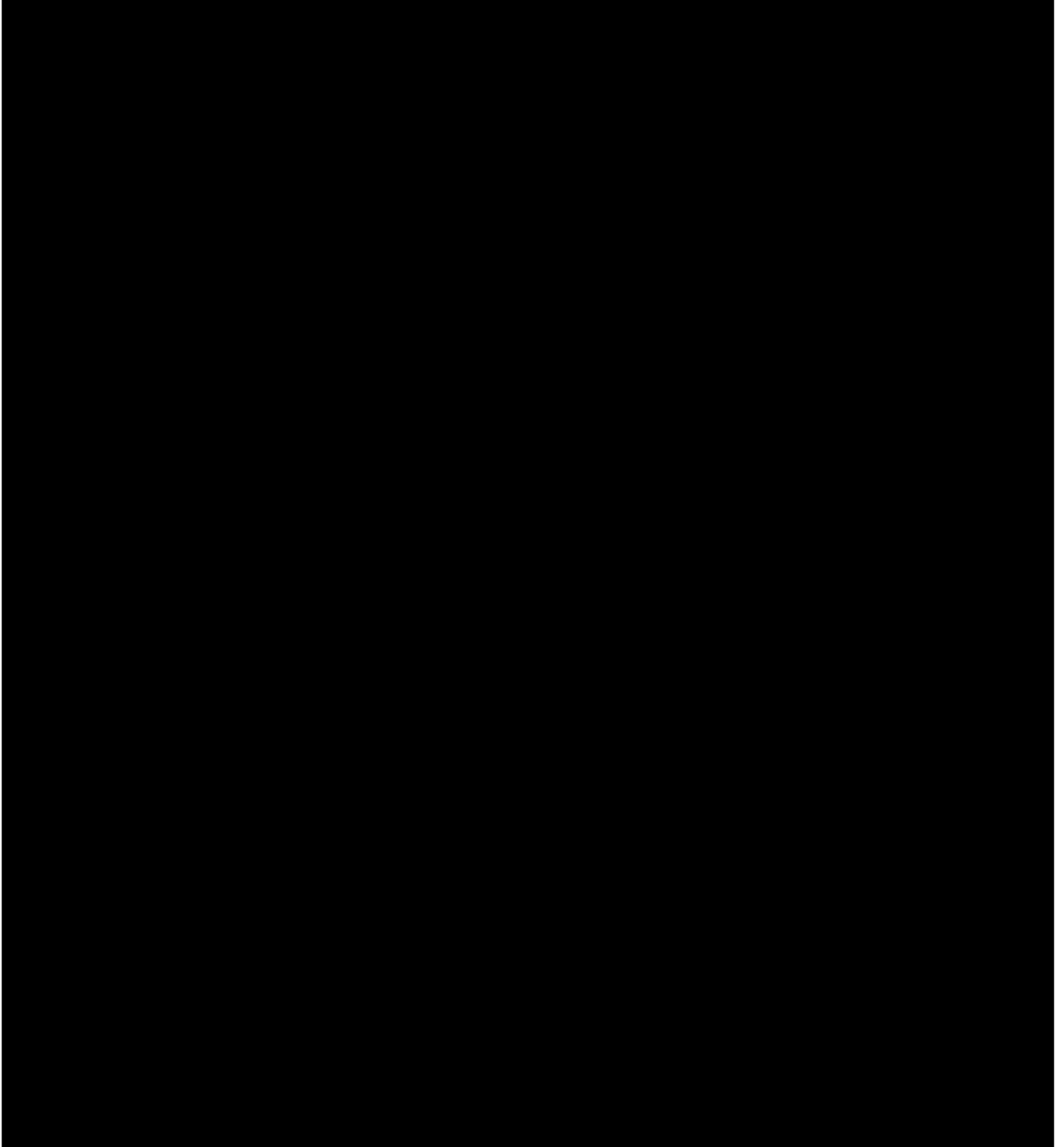
A.  
Franchise Area  
Served

B.  
Number of  
Subscribers

C.  
Estimated %  
of Penetration

D.  
Total Miles  
of Plant  
Completed

E.  
Total Route  
Miles in  
Franchise  
Area



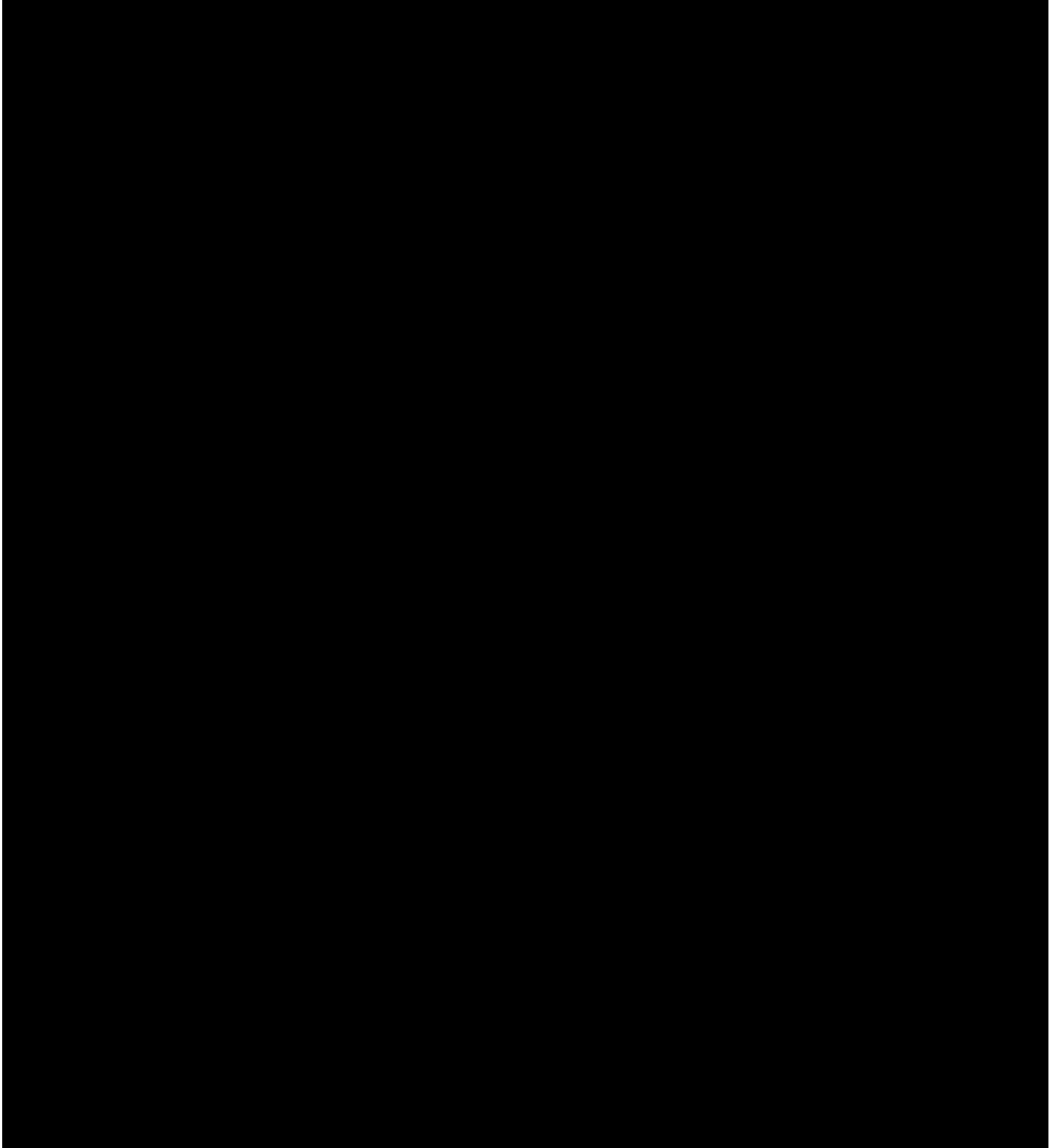
A.  
Franchise Area  
Served

B.  
Number of  
Subscribers

C.  
Estimated %  
of Penetration

D.  
Total Miles  
of Plant  
Completed

E.  
Total Route  
Miles in  
Franchise  
Area



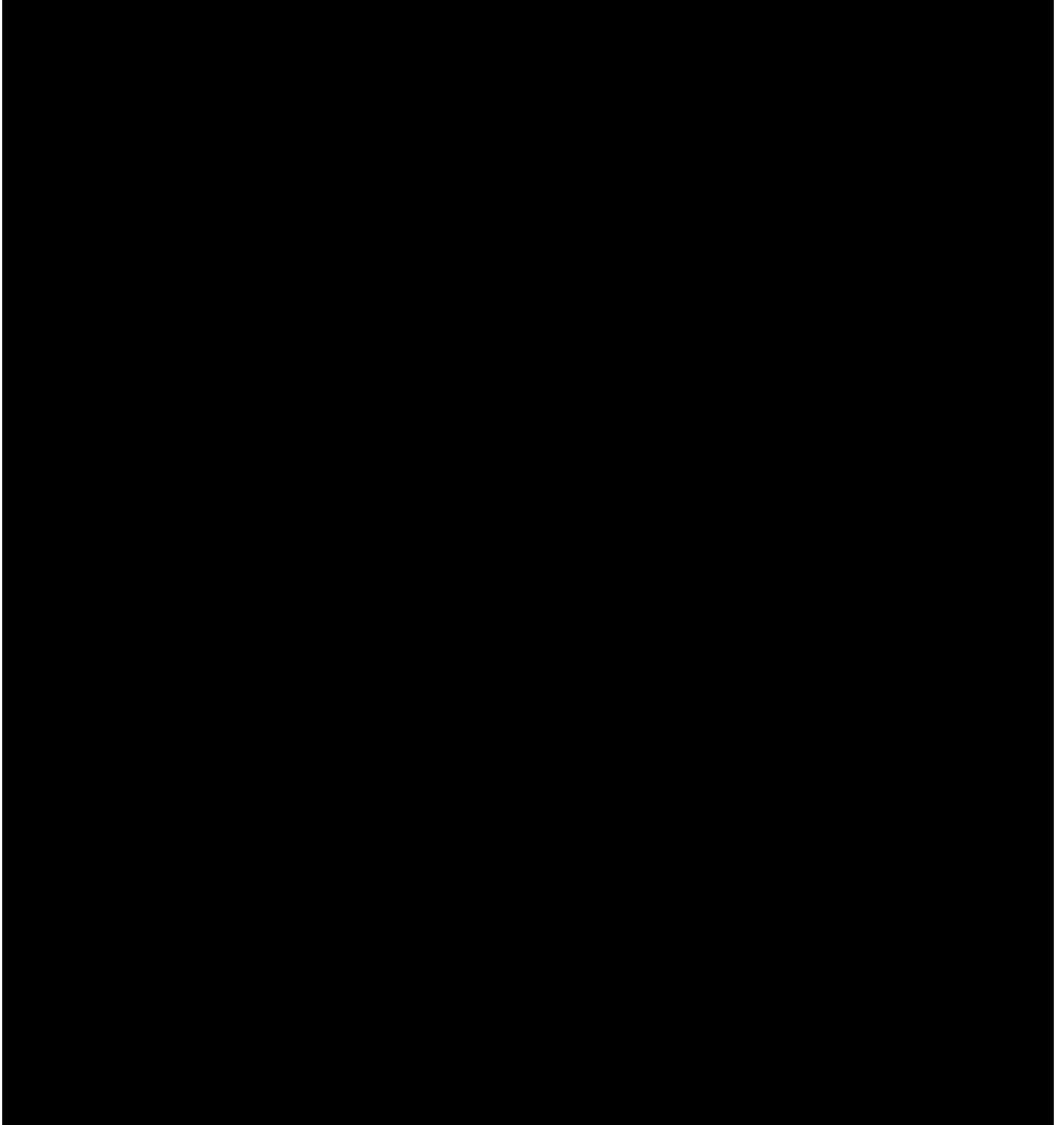
A.  
Franchise Area  
Served

B.  
Number of  
Subscribers

C.  
Estimated %  
of Penetration

D.  
Total Miles  
of Plant  
Completed

E.  
Total Route  
Miles in  
Franchise  
Area





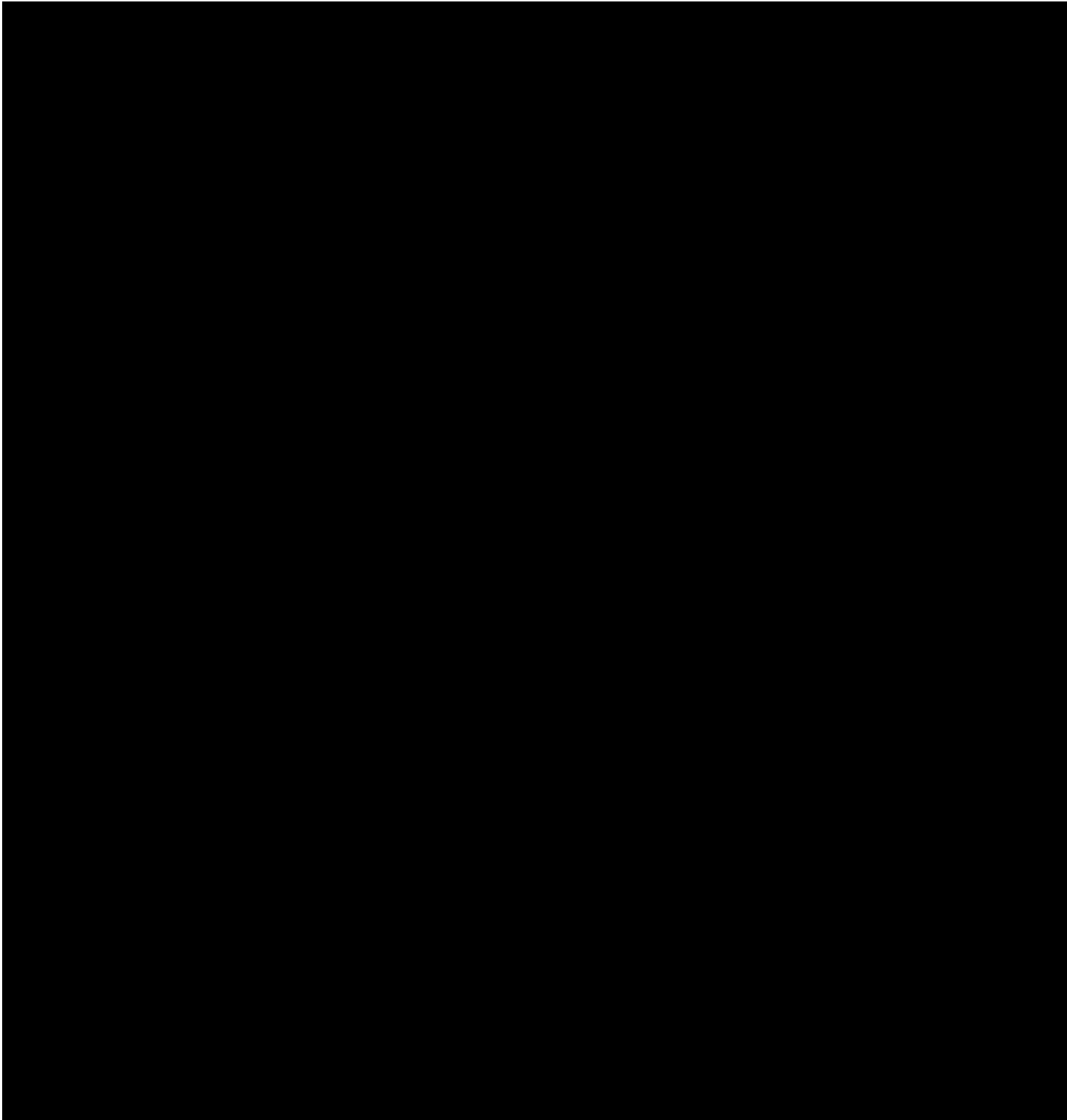
A.  
Franchise Area  
Served

B.  
Number of  
Subscribers

C.  
Estimated %  
of Penetration

D.  
Total Miles  
of Plant  
Completed

E.  
Total Route  
Miles in  
Franchise  
Area



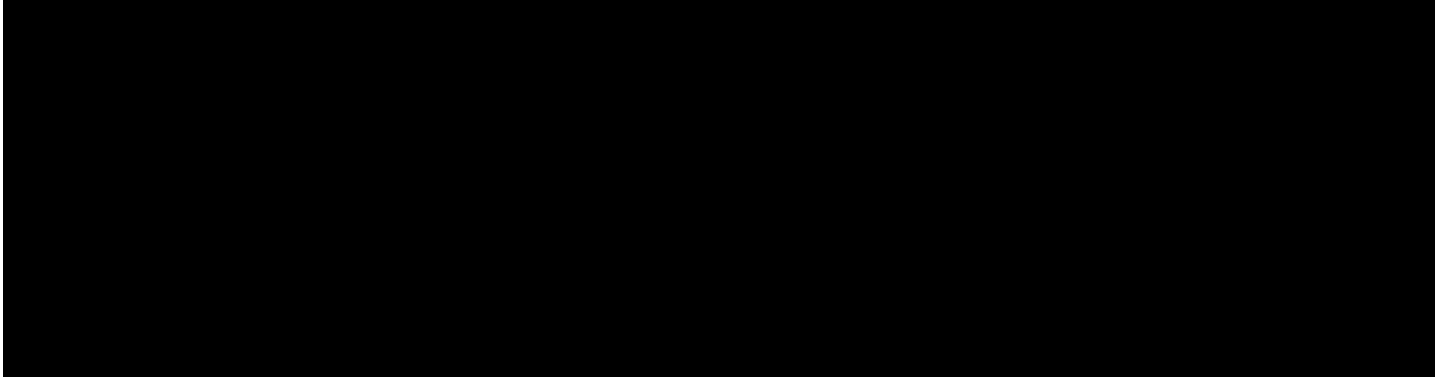
A.  
Franchise Area  
Served

B.  
Number of  
Subscribers

C.  
Estimated %  
of Penetration

D.  
Total Miles  
of Plant  
Completed

E  
Total Route  
Miles in  
Franchise  
Area



3. At any time during the reporting period did the reporting company own or control 20 % or more of another company?

YES                     X       NO                                     

If yes, list the name(s) of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III Yes/No</u>
<u>Empire City Subway Company (Limited)</u>	<u>100%</u>	<u>                    </u>
<u>Verizon Long Distance LLC</u>	<u>100%</u>	<u>                    </u>

4. Did another company own or control 20% or more of the reporting company during the reporting period?

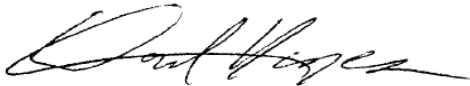
If yes, list the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>NYNEX LLC<sup>2</sup></u>	<u>100%</u>

<sup>2</sup> NYNEX LLC is a wholly-owned subsidiary of Verizon Communications Inc.

CABLE AFR-1 CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.



Manager

---

---

Signature

Title

David Hayes

March 30, 2023

---

---

Printed Name of Signer

Date Signed

Verizon New York Inc.

Name of Company