

Minnesota Telephone Fees Remittance Form

Fee amounts are effective the first billing cycle on or after **08/01/2022**

Use this form to report **911** and **TAM** (Telecommunications Access Minnesota) fees.

911 and TAM Fee Amounts Per Access Line

911 - .80¢	TAM - .04¢
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Combined fee amount \$0.84

Due Date: Fees are due to the Minnesota 9-1-1 Program before the 25th of the month following the month(s) of collection [MN Statute 403.11, Subd.1(c)]. Fees remitted after the due date are subject to a collection penalty [MN Statute 16D.11].

Note: Most carriers remit monthly. If fee collection is less than \$250/month, carrier may submit quarterly. If fee collection is less than \$25/month, carrier may submit annually. Include page two if submitting quarterly or annually.

Telephone Carrier Information

Company name: _____
Contact person: _____
Email: _____
Phone: _____

Remittance Submitted By (required if different from above)

Company name: _____
Contact person: _____
Email: _____
Phone: _____

Period Fees Were Collected:

Month

MM/YYYY
example: 08/2022

Quarter or Annual

MM/YYYY - MM/YYYY
example: 07/2022 - 09/2022

Quarterly and annual filers: Enter totals for the period to the right and report monthly totals on page two.

Minnesota Customer Line Count: _____
Combined 911 and TAM Fee Amount: _____ X \$0.84
Unadjusted Fee Remittance: _____

Prorated Adjustments

Add prorated fees collected on new Minnesota customer lines: + _____
Subtract prorated fees for exiting Minnesota customer lines: - _____
Net prorated adjustment: = _____

Total Amount of Fees Remitted: _____

I certify that I am a manager or officer of this company and that this report is accurate and true. This report reflects the appropriate customer access line count including trunk equivalents, adjustments, and fee amount.

Certified by: _____ Date signed: _____
(signature of company manager or officer)

Printed name: _____

Phone: _____ Email: _____

Remit fees to: Dept. of Public Safety, Emergency Communication Networks, 445 Minnesota Street, Suite 1725, St. Paul, MN 55101.

Checks should be made payable to Minnesota 9-1-1 Program. Questions? Email ECN.Remittance@state.mn.us.

DO NOT WRITE BELOW THIS LINE. STATE OF MINNESOTA OFFICE USE ONLY.

Check # / ACH Date _____	E9-1-1 \$ _____
Amount _____	TAM \$ _____
Date Received _____	