

ANNUAL WIRELESS MINNESOTA TELEPHONE FEES REMITTANCE FORM

**FORM TO REMIT WITH 911 AND TAM FEES COLLECTED ANNUALLY BEGINNING
THE FIRST BILLING CYCLE ON OR AFTER 07/01/2016 (Fee \$1.02) WITH FEE CHANGE 08/01/2016 (Fee \$1.00)**

FEE REMITTANCE DUE DATE:

Fees are due to the Minnesota 911 Program before the 25th of the month following the month(s) of collection [MN Statutes 403.11, Subd.1 (c)] Fees remitted after the due date are subject to a collection penalty [MN Statutes 16D.11].

COMPLETE ITEMS 1 - 7

1.a COMPANY INFORMATION Telephone Carrier Information	Company Name Contact Name E-Mail address	
1.b SUBMITTED BY Complete this section if submitting as a representative on behalf of the carrier.	Company Name Contact Name E-Mail Address Phone #	

2. CHECK BOX TO VERIFY THE AMOUNT COLLECTED AND REMITTED FOR 911 AND TAM FEES

Wireless 911 - .95¢ TAM - .05¢ (Combined 911 and TAM Fee \$1.00)

Regarding prepaid wireless phones and calling cards:
 Starting January 1, 2014, the Department of Revenue administers the E911 fee and TAM fee that are collected by prepaid wireless providers. Note: It is the responsibility of retailers to monitor the department's website for notice of fee changes.
www.revenue.state.mn.us 651-296-6181 or 800-657-3777

MONTH	MINNESOTA CUSTOMER LINE COUNT	COMBINED 911 AND TAM FEE	FEE - / +	ADJUSTMENT	TOTAL	REMARKS
07/2016	_____	X \$1.02	_____	_____	_____	
08/2016	_____	X \$1.00	_____	_____	_____	
09/2016	_____	X \$1.00	_____	_____	_____	
10/2016	_____	X \$1.00	_____	_____	_____	
11/2016	_____	X \$1.00	_____	_____	_____	
12/2016	_____	X \$1.00	_____	_____	_____	
01/2017	_____	X \$1.00	_____	_____	_____	
02/2017	_____	X \$1.00	_____	_____	_____	
03/2017	_____	X \$1.00	_____	_____	_____	
04/2017	_____	X \$1.00	_____	_____	_____	
05/2017	_____	X \$1.00	_____	_____	_____	
06/2017	_____	X \$1.00	_____	_____	_____	
TOTALS	=====		=====	=====	=====	

7. TOTAL AMOUNT OF FEES REMITTED

I certify that I am a manager or officer of this wireless service provider and that this report is accurate and true and reflects the appropriate Minnesota customer counts, adjustments, and fee amount.

Certified by: _____ Date Signed _____
 (signature of wireless service provider manager or officer)

Printed name: _____
 Phone #: _____ Email: _____

CHECKS SHOULD BE MADE PAYABLE TO: MINNESOTA 9-1-1 PROGRAM

REMIT FEES TO: Department of Public Safety, ECN Division, 445 Minnesota Street, Suite 137, St. Paul, MN 55101-5137
 (Questions - contact Carol Schmidt at 651-201-7549 or email carol.schmidt@state.mn.us)

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

Check #	_____		
Amount	_____	E9-1-1 \$	_____
Date received	_____	TAM \$	_____
Deposit #	_____		