

ANNUAL WIRE-LINE MINNESOTA TELEPHONE FEES REMITTANCE FORM

Wireline includes Cable and other Fixed/Static Providers of VoIP

**FORM TO REMIT WITH 911, TAM AND TAP FEES COLLECTED ANNUALLY BEGINNING
THE FIRST BILLING CYCLE ON OR AFTER 07/01/2014 (Fee 87 Cents) AND FEE CHANGE 11/01/2014 (Fee 89 Cents)**

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 ONE BOX per form, using a separate form for each category that applies.

Wire-line ILEC	<input type="checkbox"/>	911 - 78¢	TAM - 8¢	TAP - 3¢	(Combined 911 TAM TAP fee amount 89¢)
Wire-line CLEC	<input type="checkbox"/>	911 - 78¢	TAM - 8¢	TAP - 3¢	(Combined 911 TAM TAP fee amount 89¢)
Cable/Fixed/Static VoIP	<input type="checkbox"/>	911 - 78¢	TAM - 8¢	TAP - 3¢	(Combined 911 TAM TAP fee amount 89¢)

MONTH	MINNESOTA TELEPHONE LINES	COMBINED 911 TAM AND TAP FEE	FEE - / +	ADJUSTMENT	TOTAL	REMARKS
07/2014	_____	X 87¢	_____	_____	_____	_____
08/2014	_____	X 87¢	_____	_____	_____	_____
09/2014	_____	X 87¢	_____	_____	_____	_____
10/2014	_____	X 87¢	_____	_____	_____	_____
11/2014	_____	X 89¢	_____	_____	_____	_____
12/2014	_____	X 89¢	_____	_____	_____	_____
01/2015	_____	X 89¢	_____	_____	_____	_____
02/2015	_____	X 89¢	_____	_____	_____	_____
03/2015	_____	X 89¢	_____	_____	_____	_____
04/2015	_____	X 89¢	_____	_____	_____	_____
05/2015	_____	X 89¢	_____	_____	_____	_____
06/2015	_____	X 89¢	_____	_____	_____	_____
TOTALS	=====		=====	=====	=====	_____

7. TOTAL AMOUNT OF FEES REMITTED _____

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

Certified by: _____ Date Signed _____
 (signature of telecommunications company 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 #	_____	E9-1-1 \$	_____
Amount	_____	TAM \$	_____
Date received	_____	TAP \$	_____
Deposit #	_____		