



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DEPARTMENT OF REVENUE - DIVISION OF TAXATION
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908

QUARTERLY RECONCILIATION FORM FOR EFT FILERS
 RI E 9-1-1 UNIFORM EMERGENCY TELEPHONE SYSTEM
 WIRELINE SERVICE PROVIDERS

TELECOMMUNICATIONS EDUCATION ACCESS FUND CHARGES

Company Name:	
Address:	
City, Town or Post Office:	
State:	Zip Code:

Federal Identification Number:
Quarter Ending:

	Total Number		Surcharge
Access Lines or PBX Trunks		\$0.26	\$
Centrex Station Lines		\$0.0325	\$

Total quarterly surcharge amount to be remitted: \$ _____

Note: The monthly relay assessment for a PBX trunk should be one \$0.26 surcharge per trunk. Centrex equivalent trunks shall be assessed one \$0.26 surcharge for every eight stations serviced by the centrex system.

Due by the last day of the month following the end of each quarter.

1. Total quarterly surcharge amount from above line/trunk breakdown	\$	
2A. Amount paid in month 1 of the quarter	\$	
2B. Amount paid in month 2 of the quarter	\$	
2C. Amount paid in month 3 of the quarter	\$	
3. Total Payments (Add lines 2A, 2B and 2C - should equal line 1.)	\$	

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete.

Signature	Title	Date
Print Name	Telephone Number	

Mail to: Rhode Island Division of Taxation
 Excise Tax Section
 One Capitol Hill
 Providence, RI 02908-5800