



**Florida Telecommunications Relay, Inc.
Monthly TASA Surcharge Collection Report**

From: _____
(Company Name)

Florida Company Code: _____ For Reporting Period: _____

Date TASA remitted to FTRI: _____ Remitted by: Check # _____

Number of lines billed @ \$.10 each: _____
(\$.10 beginning Oct. 1, 2017)

Was the surcharge prorated on any access lines? _____

- 1. Total - Surcharge billed \$ _____
- 2. (Less) Surcharge not collected \$ _____
- 3. (Plus) Surcharge collected (attributed to prior period) \$ _____
- 4. Subtotal \$ _____
- 5. (Less) 1% of Surcharge collected \$ _____
- 6. Total - Remitted to FTRI (TASA fund administrator) \$ _____

Prepared by: _____ Phone: _____

Signed by: _____ Email: _____

Print Name: _____ Date: _____

Please remit payment with form to:

**Florida Telecommunications Relay, Inc.
c/o Accounts Receivable Department
1820 E. Park Avenue, Suite 101
Tallahassee, FL 32301**

**Phone: 850-205-1470 ext. 224
Fax: 850-656-6099
Email: accountsreceivable@ftri.org**