



**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 @ \$.11 each:
(\$.11 beginning Sept 1, 2016)

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**

Revised August 2016