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:** ($0.10 beginning Oct. 1, 2017) _______________

Was the surcharge prorated on any access lines? __________________

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total - Surcharge billed</td>
<td>$ __________</td>
<td></td>
</tr>
<tr>
<td>2. (Less) Surcharge not collected</td>
<td>$ __________</td>
<td></td>
</tr>
<tr>
<td>3. (Plus) Surcharge collected (attributed to prior period)</td>
<td>$ __________</td>
<td></td>
</tr>
<tr>
<td>4. Subtotal</td>
<td>$ __________</td>
<td></td>
</tr>
<tr>
<td>5. (Less) 1% of Surcharge collected</td>
<td>$ __________</td>
<td></td>
</tr>
<tr>
<td>6. Total - Remitted to FTRI (TASA fund administrator)</td>
<td>$ __________</td>
<td></td>
</tr>
</tbody>
</table>

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 September 2017