

Remit to ☒ State of Maryland
 Comptroller of the Treasury
 P.O. Box 207
 Annapolis, MD 21404-0207
 FAX to ☐ 410-974-2803*
 *Zero remittance reports only

Rate: \$.09 per ACCOUNT
 Revenue for Month/Year:

DUE ON THE 15TH OF EACH MONTH

Section 1 - Carrier Identification						
Company Name						
Complete Mailing Address						
Telephone		Email Address			Federal ID Number	
Primary Communications Business (Please mark <input checked="" type="checkbox"/> for primary business and mark <input type="checkbox"/> for other categories being reported)						
LEC		CAP		OSP		Other (explain)
IXC		VOIP		RES		Wireless
Parent Company Name						
Complete Mailing Address						
Telephone		Email Address			Federal ID Number	
Section 2 – Monthly Communications Accounts and Interconnecting Trunk Data						
No. of Land Line <u>Accounts</u>						
No. of Wireless/Cellular <u>Accounts</u>						
No. of Voice Over Internet Protocol <u>Accounts</u>						
				+		
(a) Total No. Accounts for remittance						
Section 3 - Remittance Calculations						
(b) 2025 USTF Assessment Rate (\$.09 per Account)						
(a) times (b) Gross Remittance Fee Collected				x		
Minus Administrative Expenses (1.5% of Gross Remittances Collected)						→
Minus Bad Debt						-
Total Net USTF Remittance Fee						-
Section 4 - Change in Company Status (Please provide name)						
New Carrier name: _____						
New business operating in MD: _____						
						Effective Date
Business merged (or WILL BE) with MD business: _____						
						Effective Date
Business sold (or WILL BE) to MD business: _____						
						Effective Date
Section 5 - Certification						
I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.						
Name				Title		