

IDAHO TELECOMMUNICATIONS SERVICE ASSISTANCE PROGRAM FORM

REVISED 07/07

DUE DATE: 20TH OF EACH MONTH

COMPANY NAME _____

REPORTING PERIOD: _____ TO _____

SURCHARGE REVENUES:

| | RESIDENTIAL BUSINESS & WIRELESS <u>END USERS</u> | X | <u>SURCHARGE</u> | = | <u>SURCHARGE REVENUES</u> |
|--------------------------|---|---|------------------|---|-------------------------------|
| RESIDENTIAL ACCESS LINES | _____ | | | | |
| BUSINESS ACCESS LINES | _____ | | | | |
| WIRELESS ACCESS LINES | _____ | | | | |
| TOTAL ACCESS LINES | _____ | | \$0.06 | | _____ |
| PRORATED CHARGES | | | | | _____ |
| TOTAL SURCHARGE REVENUES | | | | | <input type="text"/> |

ASSISTANCE REVENUES:

| | <u>RECIPIENTS</u> | X | <u>ITSAP CREDIT</u> | = | <u>TOTAL ASSISTANCE REVENUES</u> |
|---------------------------------|-------------------|---|-------------------------|---|--------------------------------------|
| TOTAL CREDIT PAID TO RECIPIENTS | _____ | | \$3.50 | | <input type="text"/> |

TOTAL DUE:

COSTS OF PROGRAM ADMINISTRATION

NET SURCHARGE REVENUES
(SURCHARGE LESS CREDITS AND ADMINISTRATIVE COSTS)

PREPARED BY _____ PHONE _____

Questions? Call Alyson Anderson, Admin.

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PLEASE MAKE CHECKS PAYABLE TO
IDAHO TELECOMMUNICATIONS ASSISTANCE
PROGRAM
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Centerville, UT 84014