

Minnesota Telephone Fees Remittance Form

Fee amounts are effective the first billing cycle on or after **07/01/2025**

Use this form to report **911, 988, TAM** (Telecommunications Access Minnesota) and **TAP** (Telephone Assistance Plan) fees.

911, 988, TAM, and TAP Fee Amounts Per Access Line

911 & 988 - .92¢	TAM - .04¢	TAP - .0¢	Combined fee amount \$0.99
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Due Date: Fees are due to the Minnesota 9-1-1 Program before the 25th of the month following the month(s) of collection [MN Statute 403.11, Subd.1(d)]. Fees remitted after the due date are subject to a collection penalty [MN Statute 16D.11].

Note: Most carriers remit monthly. Per Statute 403.11, Subd. 1(d), if fee collection is less than \$250/month, carrier may submit quarterly, or if less than \$25/month, carrier may submit annually. Complete page two of form if submitting quarterly or annually.

Telephone Carrier Information

Company Name: _____

Tax ID# (EIN) : _____

Contact Person: _____

Email/Phone: _____

Indicate ILEC or
CLEC if applicable:

ILEC

CLEC

Remittance Submitted By (required if different from above)

Company Name: _____

Contact Person: _____

Email: _____

Phone: _____

Period Fees Were Collected:

Month

MM/YYYY example:
07/2025

Quarter or Annual

MM/YYYY - MM/YYYY
example: 07/2025 - 09/2025

Quarterly and annual filers: Enter
totals for the period to the right and
report monthly totals on page two.

Minnesota Customer Line Count:

Combined 911, 988, TAM and TAP Fee Amount: _____

X \$.99

Unadjusted Fee Remittance:

Prorated Adjustments

Add prorated fees collected on new Minnesota customer lines: _____

+

Subtract prorated fees for exiting Minnesota customer lines: _____

-

Net prorated adjustment: _____

=

Total Amount of Fees Remitted:

I certify that I am a manager or officer of this company and that this report is accurate and true. This report reflects the appropriate customer access line count including trunk equivalents, adjustments, and fee amount.

Certified by:
(signature of company manager or officer)

Date signed:

Printed name:

Phone:

Email:

Remit fees to: Dept. of Public Safety, Emergency Communication Networks, 445 Minnesota Street, Suite 1725, St. Paul, MN 55101.

Checks should be made payable to Minnesota 9-1-1 Program. Questions? Email ECN.Remittance@state.mn.us.

DO NOT WRITE BELOW THIS LINE. STATE OF MINNESOTA OFFICE USE ONLY.

Check # / ACH Date _____

E9-1-1 \$ _____

Amount _____

988 \$ _____

Date Received _____

TAM \$ _____

TAP \$ _____