



**State of Tennessee**  
**Tennessee Emergency Communications Board**  
**Department of Commerce & Insurance**  
**500 James Robertson Parkway**  
**Nashville, Tennessee 37243-0582**  
**Telephone: 615-253-2164 Fax: 615-401-7642**

**Randy Porter**  
Chairman

**Curtis S. Sutton**  
Executive Director

**911 Surcharge Annual Accounting Form**  
**Confidential Information**

Dealer Name: _____ Address: _____ Federal Employer Identification No.: _____ Contact Name: _____ Title: _____ Telephone No: _____ Fax No: _____ E-mail Address: _____	<p style="text-align: center; font-size: small;"><b>If your business goes by another name or if you are preparing this as a contractor for another company, please complete the following.</b></p> Company Name: _____ Address: _____ Contact Name: _____ Title: _____ Telephone No: _____ Fax No: _____ E-mail Address: _____
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Pursuant to Tenn. Code Ann. § 7-86-110(d), "Each dealer of retail communications service shall annually provide to the board an accounting of the amounts billed and collected and the disposition of such amounts."

Pursuant to Tenn. Code Ann. § 7-86-103(24) "'Consumer" means a person who purchases retail communications service or prepaid communications services in a retail transaction".

Pursuant to Tenn. Code Ann. § 7-86-110(b), "Dealers shall be entitled to retain as an administrative fee an amount equal to three percent (3%) of the collections of the 911 surcharge on the retail sale of communications service."

Pursuant to Tenn. Code Ann. § 7-86-317 and Tenn. Comp. R. & Reg. 0780-6-1, the information provided to the TECB on this form is deemed proprietary and will not be released as a public record.

The annual accounting shall be filed for the fiscal period July 1 through June 30 no later than October 1.

Month	Amount Billed Consumers	Less Uncollected Charges	Gross Amount Collected	Plus Collection of Prior Months' Uncollected Adjustments	Net Amount Collected	Less Administrative Fee Retention	Amount Mandated for Transmission to the TECB
July							
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							
Total							

*I certify that I am authorized to provide this annual accounting on behalf of the company listed above and that, to the best of my knowledge and belief, the foregoing information is accurate and complete.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_