

# Idaho Telecommunications Service Assistance Program Form

Due Date: 20<sup>th</sup> of Each Month

Company Name: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ TO \_\_\_\_\_

**Surcharge Revenues:**

	<b>Residential Business and Wireless End Users</b>	<b>X</b>	<b>= Surcharge Revenues</b>
		<b>Surcharge</b>	
<b>Residential Access Lines</b>	_____		
<b>Business Acces Lines</b>	_____		
<b>Wireless Access Lines</b>	_____		
<b>Total Access Lines</b>	_____	\$0.00	_____
<b>Prorated Charges</b>			_____
<b>Total Surcharge Revenues</b>			_____

**Assistance Revenues:**

	Recipients X	ITSAP Credit =	Total Assistance Revenues
<b>Total Credit Paid to Recipients</b>	_____	\$2.50	_____

**Total Due:**

<b>Costs of Program Administration</b>	_____
<b>Net Surcharge Revenues (Surcharge Less Credits and Administrative Costs)</b>	_____

Prepared By: \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_

Questions? E-mail Kelli Toohill at [IdahoTSAP@gmail.com](mailto:IdahoTSAP@gmail.com) or call at 406-697-4343.

PLEASE MAKE CHECKS PAYABLE TO: Idaho Telecommunications Service Assistance Program (ITSAP)  
PO Box 270727/566 S McCaslin Blvd Unit 270727  
Louisville, CO 80027

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