

**IDAHO TRS FUND FORM 1.2**

DUE DATE: FIRST OF THE MONTH OR QUARTERLY

COMPANY NAME: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_ TO: \_\_\_\_\_

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

**LOCAL EXCHANGE SERVICES:**

# of lines

Revenues

TOTAL # OF LINES

\_\_\_\_\_ X \$0.05

A. TOTAL LOCAL FUND REVENUES =

**MTS AND WATS TYPE TOLL SERVICES:**

INTRASTATE BILLED MTS AND WATS MINUTES

\_\_\_\_\_

SURCHARGE RATE \$0.001

\$0.001

B TOTAL MTS/WATS FUND REVENUES =

**TOTAL DUE:**

B. TOTAL AMOUNT DUE=  
ADD LINES A AND B

PREPARED BY: \_\_\_\_\_

Name

Phone

Email

APPROVED BY: \_\_\_\_\_

Name

Phone

Email

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

PLEASE MAKE CHECKS PAYABLE TO:

Idaho TRS Fund  
PO Box 270727/566 S McCaslin Blvd Unit 270727  
Louisville, CO 80027

Rev. 08/23