

IDAHO TRS FUND FORM 1.1

DUE DATE: FIRST OF THE MONTH OR QUARTERLY

COMPANY NAME: _____

REPORTING PERIOD: _____ TO: _____

LOCAL EXCHANGE SERVICES:

of lines revenues

TOTAL # OF LINES _____ X \$0.02

A. TOTAL LOCAL FUND REVENUES =

MTS AND WATS TYPE TOLL SERVICES:

INTRASTATE BILLED MTS AND WATS MINUTES _____

SURCHARGE RATE \$0.0002 \$0.0002

B TOTAL MTS/WATS FUND REVENUES =

TOTAL DUE:B. TOTAL AMOUNT DUE=
ADD LINES A AND B

PREPARED BY: _____

Name

Date

Phone

APPROVED BY: _____

Name

Date

Phone

Questions? E-mail Kelli Toohill at idahorelay@gmail.com or call at 406-697-0447/604-652-0447

PLEASE MAKE CHECKS PAYABLE TO:

IDAHO TRS FUND

600 Front Street #351

Lynden, WA 98264

I:/internet/telecom/trsform.doc

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