

## 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 \$0.05

A. TOTAL LOCAL FUND REVENUES =

### MTS AND WATS TYPE TOLL SERVICES:

INTRASTATE BILLED MTS AND WATS MINUTES \_\_\_\_\_

SURCHARGE RATE \$0.0002                      \$0.001

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](mailto: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

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