

# Idaho Telecommunications Service Assistance Program Form

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

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

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

## Surcharge Revenues:

|                             | Residential Business<br>and Wireless End<br>Users | X | Surcharge       | = Surcharge<br>Revenue |
|-----------------------------|---|---|-----------------|------------------------|
| Residential Access<br>Lines | _____   |   | \$0.00 per line |                        |
| Business Access<br>Lines    | _____   |   | \$0.00 per line |                        |
| Wireless Access<br>Lines    | _____   |   | \$0.00 per line |                        |
| Total Access Lines          | _____   |   | \$0.00 per line | _____                  |
| Prorated Charges            |   |   |                 | _____                  |
| Total Surcharge Revenues    |   |   |                 | _____                  |

## Assistance Revenues:

|                                    | Recipients X | ITSAP Credit | = | Total Assistance<br>Revenues |
|------------------------------------|--------------|--------------|---|------------------------------|
| Total Credit Paid to<br>Recipients |              | \$2.50       |   |                              |

## Total Due:

|  |  |
|--|--|
| Costs of Program Administration  |  |
| Net Surcharge Revenues<br>(Surcharge Less Credits and Administrative<br>Costs) |  |

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

Email \_\_\_\_\_

Questions? Call Kelli Toohill at 406.697.4343 (V) or email: [IdahoTSAP@gmail.com](mailto:IdahoTSAP@gmail.com)

**Please make checks payable to:** Idaho Telecommunications Service Assistance Program (ITSAP)  
PO Box 270727/566 S McCaslin Blvd, Unit 270727  
Louisville, CO 80027

May 1, 2026

**IDAHO TELECOMMUNICATIONS SERVICE  
ASSISTANCE PROGRAM**

**INSTRUCTIONS FOR REMITTING SURCHARGE REVENUES**

**A. WHEN TO FILE:**

The monthly data report should be mailed or emailed in time to reach the Administrator's office by the twentieth (20th) day of the month following the reporting period. Companies can choose to report monthly or quarterly but should notify the Administrator in writing which reporting option will be used. If money is due, a check for the net amount of surcharge revenues should accompany the report. Checks should be made payable to Idaho Telecommunications Service Program or ITSAP. Please do not send cash.

**B. WHERE TO FILE:**

Reports and accompanying checks (if any) should be sent to:

Kelli Toohill, Administrator  
Idaho Telecommunications Service Assistance Program  
PO Box 270727/566 S McCaslin Blvd Unit 270727  
Louisville, CO 80027

Reports may be sent electronically to: [IdahoTSAP@gmail.com](mailto:IdahoTSAP@gmail.com)

Any questions? Please call: (406) 697-4343

**C. REPORTING PERIOD**

Companies can choose to report monthly or quarterly but should notify the Administrator which reporting option will be used. Companies should report data based on the first day of the month preceding the due date of the ITSAP form. If reporting or remitting quarterly, please list the data for each month individually of the quarter reported.

**D. SURCHARGE REVENUES**

Please indicate the number of each end-users of business, residential and wireless access service. Surcharge revenues equal the number of end users multiplied by the surcharge rate (see most recent Commission Order) plus or minus any prorated charges. Prorated charges are the surcharges for line in service for a partial month. If reporting/remitting quarterly, please list data for each month separately for the quarter reported.

**E. ASSISTANCE REVENUES**

Please indicate the number of eligible recipients served by your company. Assistance revenues equal the number of eligible recipients multiplied by the credit of \$2.50. If reporting/remitting quarterly, please list data for each month for the quarter reported.

**F. ADMINISTRATION COST**

Please indicate the administration cost incurred by the company. The following formula was used by the ITSAP program to determine administrative costs incurred by a company.

\$10.00 fixed amount for credit recipients  
Add \$1.00 each for the first 10 credit recipients  
Add \$.50 each for the next 20 credit recipients  
Add \$.25 each for all additional credit recipients

Add \$0.01 each for the first 1,000 (one thousand) total access lines less credit recipients  
Add \$0.005 each for the next 2,000 total access lines less credit recipients

Please provide the calculation of administrative costs if using a different formula or method to determine administrative costs.

**G. TOTAL DUE**

Please remit net surcharge revenues (revenues collected less assistance revenues paid and the administration cost incurred by the company). If net surcharge revenues are negative, a credit is due to the company. Please submit the form and ITSAP will reimburse the company for the amount of the credit.