

Minnesota Telephone Fees Remittance Form

Fee amounts are effective the first billing cycle on or after **04/01/2026**

Use this form to report **911, 988, TAM** (Telecommunications Access Minnesota) and **TAP** (Telephone Assistance Plan) fees.

911, 988, TAM, and TAP Fee Amounts Per Access Line

911 & 988 - .92¢	TAM - .04¢	TAP - .00¢	Combined fee amount \$0.96
------------------	------------	------------	-----------------------------------

Due Date: Fees are due to the Minnesota 9-1-1 Program before the 25th of the month following the month(s) of collection [MN Statute 403.11, Subd.1(d)]. Fees remitted after the due date are subject to a collection penalty [MN Statute 16D.11].

Note: Most carriers remit monthly. Per Statute 403.11, Subd. 1(d), if fee collection is less than \$250/month, carrier may submit quarterly, or if less than \$25/month, carrier may submit annually. Complete page two of form if submitting quarterly or annually.

Telephone Carrier Information

Company Name: _____
 Tax ID# (EIN) : _____
 Contact Person: _____
 Email/Phone: _____

Indicate ILEC or CLEC if applicable:

 ILEC
 CLEC

Remittance Submitted By (required if different from above)

Company Name: _____
 Contact Person: _____
 Email: _____
 Phone: _____

Period Fees Were Collected:

Month	Quarter or Annual
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<small>MM/YYYY</small>	<small>MM/YYYY - MM/YYYY</small>
<small>example: 07/2025</small>	<small>example: 07/2025 - 09/2025</small>

Quarterly and annual filers: Enter totals for the period to the right and report monthly totals on page two.

Minnesota Customer Line Count:

Combined 911, 988, TAM and TAP Fee Amount: X \$.96

Unadjusted Fee Remittance:

Prorated Adjustments

Add prorated fees collected on new Minnesota customer lines: +

Subtract prorated fees for exiting Minnesota customer lines: -

Net prorated adjustment: =

Total Amount of Fees Remitted:

I certify that I am a manager or officer of this company and that this report is accurate and true. This report reflects the appropriate customer access line count including trunk equivalents, adjustments, and fee amount.

Certified by: Date signed:
(signature of company manager or officer)

Printed name:

Phone: Email:

Remit fees to: Dept. of Public Safety, Emergency Communication Networks, 445 Minnesota Street, Suite 1725, St. Paul, MN 55101.

Checks should be made payable to Minnesota 9-1-1 Program. Questions? Email ECN.Remittance@state.mn.us.

DO NOT WRITE BELOW THIS LINE. STATE OF MINNESOTA OFFICE USE ONLY.

Check # / ACH Date _____	E9-1-1 \$ _____
Amount _____	988 \$ _____
Date Received _____	TAM \$ _____
	TAP \$ _____