

# Minnesota Telephone Fees Remittance Form

Fee amounts are effective the first billing cycle on or after **04/01/2025**

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 <b>\$0.96</b>
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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:

<b>Month</b>	<b>Quarter or Annual</b>
MM/YYYY	MM/YYYY - MM/YYYY
example: 07/2025	example: 07/2025 - 09/2025

*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](mailto: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 \$ _____

# Minnesota Telephone Fees Remittance Form - Page 2

**If 'Period Fees Were Collected' is more than one month (e.g. quarter or annual), complete the table below for each month of the period and include this page with remittance.**

If 'Period Fees Were Collected' is one month, do not use Page 2.

Effective the first billing cycle beginning on or after 4/01/2026, the combined 911, 988, TAM and TAP fee amount is \$0.96. For reporting periods 7/1/2025 to 3/31/2026, the combined 911, 988, TAM and TAP fee amount is \$0.99.

For reporting periods 9/1/2024 to 6/30/2025, the combined 911, 988, TAM, and TAP fee amount is \$0.98.

For reporting periods 7/01/2024 to 8/30/2024, the combined 911, TAM, and TAP fee amount is \$0.86.

For reporting periods prior to 7/01/2024, contact ECN.Remittance@state.mn.us.

Month	Year	MN Customer Line Count		Combined Fee Amount		Unadjusted Remittance	Net Prorated Adjustment +/-		Fees Remitted
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
			X		=			=	
<b>Total:</b>									<b>Total:</b>