Remit to ⊠   State of Maryland
Comptroller of the Treasury
P.O. Box 207
Annapolis, MD 21404-0207

FAX to ☎   **410-974-2803***
Zero remittance reports only

Rate: $.05 per ACCOUNT
Revenue for Month/Year:

_____

DUE ON THE 15TH OF EACH MONTH

Section 1 - Carrier Identification

Company Name

Complete Mailing Address

Telephone	Email Address	Federal ID Number

Primary Communications Business
(Please mark ⊠ **for primary** business and mark ☑ for other categories being reported)

LEC		CAP		OSP		Other (explain)	
IXC		VOIP		RES		Wireless	

Parent Company Name

Complete Mailing Address

Telephone	Email Address	Federal ID Number

Section 2 – Monthly Communications Accounts and Interconnecting Trunk Data

No. of Land Line Accounts		
No. of Wireless/Cellular Accounts		
No. of Voice Over Internet Protocol Accounts		
	+	
(a) Total No. Accounts for remittance		

Section 3 - Remittance Calculations		
(b) *2018/ 2019 USTF Assessment Rate* **($ .05 per Account)**		
(a) times (b) Gross Remittance Fee Collected	**X**	
Minus Administrative Expenses *(1.5% of Gross Remittances Collected)*	→	
Minus Bad Debt	**-**	
Total Net USTF Remittance Fee	**-**	

Section 4 - Change in Company Status (Please provide name)	

New Carrier name: _____

New business
operating in MD: _____

Effective Date

Business merged (or WILL BE)
with MD business: _____

Effective Date

Business sold (or WILL BE) to MD business:
_____

Effective Date

Section 5 - Certification

I certify that I have examined this report and, to the best of my knowledge and belief, it is true, correct and complete.

_____   _____
Name   Title