Appendix A – ACH Debit Form

The following ACH Debit form must be completed and signed by an authorized company representative.

Date: _____

STATE OF NEBRASKA
NEBRASKA TELECOMMUNICATIONS RELAY SERVICE FUND ACH DEBIT
AUTHORIZATION FORM

_____ (*Company*)

agrees to allow the Nebraska State Treasurer to debit via the ACH system, said company's bank account for amounts due to the Nebraska Telecommunications Relay Service Fund. In no event shall the Nebraska State Treasurer be authorized to debit an amount greater than the assessment due amount shown on the remittance worksheet submitted by above-named company to the Nebraska Telecommunications Relay Service Fund for the relevant reporting period.

The Commission will notify the Nebraska State Treasurer to debit the above-named company bank account not sooner than the second business day following the receipt of the remittance worksheet and not later than thirty (30) days after the end of the relevant reporting period, whichever is later.

This authorization will remain in force until revoked in writing by the above-named company with at least three (3) business day's notice.

NETRS Carrier Code: NETRS_____

Authorized Officer Signature: _____

Authorized Officer Title: _____

Authorized Officer Contact Number: _____

***REQUIRED: Attach a copy of a voided check or Bank Specification Sheet.**

Mail to: Nebraska Telecommunications Relay Service Fund
Nebraska Public Service Commission
Post Office Box 94927
Lincoln, NE 68509-4927
or FAX to: (402) 471-0254, attention Steve Stovall

Any questions can be directed to Steve Stovall at (402) 471-0225, Communications Department

Appendix B – ACH Credit Instruction Form
(PROVIDED UPON REQUEST BY CARRIER)

For ACH Credits, banking information must be inputted exactly as it appears in the "Entry Detail Record Information" section of this form.

Appendix C – TRS Remittance Worksheet Form

The following TRS remittance worksheet form must be completed and signed by the company designated representative.

Remit To: Nebraska Public Service Commission
300 The Atrium, 1200 N Street
P.O. Box 94927
Lincoln NE 68509-4927
Nebraska State Tax ID#: 47-0491233

STATE OF NEBRASKA
TELECOMMUNICATIONS RELAY SURCHARGE REMITTANCE FORM
ASSESSMENT PERIOD JULY 1, 2013 - JUNE 30, 2014

(Please place a lowercase "x" in the appropriate shaded box). Input entries in yellow shaded areas only.

Carrier Type:	ILEC/CLEC:		Wireless:		Other Carrier:	
(Note: Specify service type for box checked as "Other"; i.e.VoIP, Paging):						
Remitter Type:	Monthly:		Quarterly:		Annual:	
Payment Type:	ACH-Debit:		ACH-Credit:			
Carrier Remitting:						
NETRS Carrier ID:	**NETRS**		**<=Enter last five digits of NETRS Carrier ID**			
Report for Billing Month(s):						
Payment Due Date:	**Thirty (30) Days After Remittance Period.**					

REMITTANCE SUMMARY INFORMATION	
Total number of telephone numbers or functional equivalent:	0
Less: Numbers Exempted:	0
Total telephone numbers subject to surcharge:	0
Factor (per telephone numbers or functional equivalent:	**$0.03**
TOTAL PRIOR TO ADJUSTMENTS:	**0.00**
Less: Uncollectible Amounts:	0.00
Add: Recoveries on Uncollectible Accounts:	0.00
Increase/Decrease: Partial month billing, Other Adjustments:	0.00
Increase/Decrease: Prior Period Adjustments (Provide documentation):	0.00
Add: Late-Filed Fees:	0.00
*TOTAL DUE PER BILLING RECORDS:	**0.00**

**Note: This remittance worksheet reconciles Total Prior to Adjustments to Total Due Per Billing Records due to partial month billing, one-month minimum billing or other adjustments.*

REMITTER CONTACT INFORMATION					
Name of Remitter:					
Address:					
City:					
State:		Zip:		Phone:	
E-mail:					

COMMISSION USE ONLY	
ACH Ref.	
Date Rec'd	
Date Dep.	
Date Posted	

Signature of Designated Remitter:
Date Return Filed:
Check If Change Of Remitter Address:

If you have any questions concerning the Nebraska Telecommunications Relay Surcharge form, contact the Nebraska Public Service Commission at (402) 471-0225 or steve.stovall@nebraska.gov.

Remit To:

Nebraska Public Service Commission
300 The Atrium, 1200 N Street
P.O. Box 94927
Lincoln NE 68509-4927
Nebraska State Tax ID#: 47-0491233

STATE OF NEBRASKA
TELECOMMUNICATIONS RELAY SURCHARGE REMITTANCE FORM

INPUT SCHEDULE FOR MONTHLY/QUARTERLY/OR ANNUAL REMITTANCE (See Note 1)

Input deductions or decreases with a minus (-) sign ***Adjustments Per Billing Records***

Quarter Ending: September 30, 2013:	Telephone #'s Or Functional Equivalent	Less: # Exceptions (-)	Total Subject To Surcharge		Less: Uncollectibles (-)	Add: Recoveries (+)	Adjs:Partial Mnth/Other (+/-)	Prior Period Adjs. (+/-)	Late Fees (+)
July, 2013			0	$					
August, 2013			0						
September, 2013			0						
Total For Quarter	**0**	**0**	**0**	$	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Quarter Ending: December 31, 2013:	Telephone #'s Or Functional Equivalent	Less: # Exceptions (-)	Total Subject To Surcharge		Less: Uncollectibles (-)	Add: Recoveries (+)	Adjs:Partial Mnth/Other (+/-)	Prior Period Adjs. (+/-)	Late Fees (+)
October, 2013			0	$					
November, 2013			0						
December, 2013			0						
Total For Quarter	**0**	**0**	**0**	$	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Quarter Ending: March 31, 2014:	Telephone #'s Or Functional Equivalent	Less: # Exceptions (-)	Total Subject To Surcharge		Less: Uncollectibles (-)	Add: Recoveries (+)	Adjs:Partial Mnth/Other (+/-)	Prior Period Adjs. (+/-)	Late Fees (+)
January, 2014			0	$					
February, 2014			0						
March, 2014			0						
Total For Quarter	**0**	**0**	**0**	$	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Quarter Ending: June 30, 2014:	Telephone #'s Or Functional Equivalent	Less: # Exceptions (-)	Total Subject To Surcharge		Less: Uncollectibles (-)	Add: Recoveries (+)	Adjs:Partial Mnth/Other (+/-)	Prior Period Adjs. (+/-)	Late Fees (+)
April, 2014			0	$					
May, 2014			0						
June, 2014			0						
Total For Quarter	**0**	**0**	**0**	$	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Total for Period(s):	**0**	**0**	**0**	$	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Note (1): Carriers electing to file quarterly or annual must have a monthly liability less than $25.00 and received permission in advance from the Commission.

STATE OF NEBRASKA
TELECOMMUNICATIONS RELAY SURCHARGE REMITTANCE FORM
INSTRUCTIONS FOR FORM COMPLETION

1. Input shall be made only in the yellow, highlighted areas only. For The "Carrier Type" and "Remitter Type" and “Payment Type” fields, enter the "x" in lowercase.

2. If the "Other Carrier" box is checked, specify the service type in the field provided. For example, VoIP, Paging, etc.

3. Effective January 1, 2014 payments by check for TRS remittances will no longer be allowed. Each current operating carrier in Nebraska has been assigned a Nebraska TRS (NETRS) carrier code that appears as 'NETRS#####.' This carrier code system facilitates electronic payment submission via the ACH-Debit or ACH-Credit process. If you do not have a code, contact the Commission at (402) 471-0225 and have one assigned to you.

4. Inputs for subscriber counts, exceptions and adjustments per billing records is made in the 'Remttance Input Sheet' tab (second tab). The input detail is carried forward to the 'Remittance Form' tab (the first tab). Notice there is a line-item adjustment for late-filed fees imposed by the Commission. Enter deductions or decreases with a minus (-) sign. Both the Remittance Form (tab A) and Remittance Input Sheet (tab B) are required for submission for quarterly or annual remitters. Monthly remitters need only to submit the cover sheet (tab noted as ‘Remittance Form’).

5. Please complete the Remitter Contact Information section. The return should be signed and dated by the designated remitter.

6. The following policies shall be adhered to regarding timely filing of remittances.
   - The TRS surcharge remittance will be considered late when it is filed after the 30th day of the month following the remittance period in which the surcharges were collected. Note: The filing date is considered the date received by the Department, not just postmarked by the due date.
   - In the event the 30th day falls on a weekend of holiday, the remittance shall be due the next business day.
   - Carriers with monthly remittances of less than $25 may elect to remit on a quarterly or annual basis.
   - The remittance period for annual remittances shall run July 1, through June 30, with the surcharge remittance due on July 30 annually.
   - A carrier must notify the Commission in writing (or email), prior to the remittance period, of its election to remit quarterly or annually.

7. The remittance form shall be completed and mailed to: Nebraska Public Service Commission, P.O. Box 94927, Lincoln, NE 68509-4927.

8. If you have any questions concerning the Nebraska Telecommunications Relay Surcharge form, contact the Nebraska Public Service Commission at (402) 471-0225 or steve.stovall@nebraska.gov.