## TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE «Field1»

## Pay Telephone Service Provider Regulatory Assessment Fee Return

|                                    |   | Florida Public Service Commission  |                   | FOR PSC USE ONLY  |          |  |
|------------------------------------|---|--|-------------------|---|----------|--|
| STATUS:                            |   | (See Filing Instructions on Back of Form)  | Check #           |   |          |  |
| Actual Return Estimated Return     |   | «Field2»   |                   | \$ 06-03-001<br>003001  |          |  |
| Amer                               | nded Return                               |  | \$                | E   |          |  |
| <b>PERIOD COVERED:</b><br>«Field3» |   |  |                   | \$ P 06-03-001<br>004011<br>\$ I<br>Postmark Date<br>Initials of Preparer |          |  |
|                                    |   | Please Complete Below If Official Mailing Address Has Changed  |                   |   |          |  |
|                                    | (Name of Company)                         | (Address)  | (City/State)      |   | (Zip)    |  |
|                                    |   |  |                   |   |          |  |
| LINE<br>NO.                        |   | ACCOUNT CLASSIFICATION   |                   | AMOU  | INIT     |  |
| NO.                                |   | ACCOUNT CLASSIFICATION   | _                 | AMO   |          |  |
| 1.                                 | Gross Operating F                         | Revenue (Florida)  |                   | \$  |          |  |
| 2.                                 | Gross Intrastate R                        | evenue   |                   |   |          |  |
| 3.                                 | LESS: Amounts I<br>(see "2. Fees" on I    | Paid to Other Telecommunications Companies <sup>(1)</sup><br>back)   |                   | (   | )        |  |
| 4.                                 | <b>TOTAL REVEN</b><br>(Line 2 less Line 3 | <b>UES for Regulatory Assessment Fee Calculation</b><br>3)   |                   | \$  |          |  |
| 5.                                 | Regulatory Assess                         | sment Fee Due - (Multiply Line 4 by 0.0020)  |                   |   |          |  |
| 6.                                 | Penalty for Late P                        | ayment (see "3. Failure to File by Due Date" on back   | )                 |   |          |  |
| 7.                                 | Interest for Late P                       | ayment (see "3. Failure to File by Due Date" on back   | )                 |   |          |  |
| 8.                                 | Extension Paymer                          | nt Fee (see "4. Extension" on back)  |                   |   |          |  |
| 9.                                 | TOTAL AMOUN                               | NT DUE (MINIMUM \$100.00)  |                   | \$  | (2)      |  |
| 10.                                | Number of pay tel<br>this Return          | lephones in operation at close of period covered by  |                   |   |          |  |
|                                    |   | e <u>intrastate only</u> and must be verifiable (see "2. Fees" on back).<br>s operating revenue of a company, a minimum annual regulatory assessment fee<br>da Statutes. | of \$100 shall be | e imposed as pro  | vided in |  |

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

| (Signature of Company Official)        | (Title)             |              | (Date) |
|--|---------------------|--------------|--------|
| (Preparer of Form - Please Print Name) | Telephone Number () | Fax Number ( | )      |
|  | F.E.I. No.          |              |        |

## FLORIDA PUBLIC SERVICE COMMISSION

Instructions For Filing Regulatory Assessment Fee Return

- (Pay Telephone Service Provider)
- 1. WHEN TO FILE: For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

*On or before July 30* for the six-month period January 1 through June 30, *AND On or before January 30* for the six-month period July 1 through December 31.

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0020 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.

On Line 3, deduct any amounts paid to another telecommunications company for the use of any telecommunications network (including installation charges) to provide service to its customers. <u>Do not deduct</u> any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE** <u>INTRASTATE ONLY</u> AND MUST BE VERIFIABLE.

3. FAILURE TO FILE BY DUE DATE: Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 8):

0.75% of the fee to be remitted for an extension of 15 days or less, *or* 1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

- 5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
- 6. MAILING INSTRUCTIONS: Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. <u>Make your check payable to the Florida Public Service Commission</u>. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission 2540 Shumard Oak Boulevard

Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. ADDITIONAL ASSISTANCE: If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Markets and Enforcement at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.