Municipality of Anchorage
Enhanced 911 System Surcharge Return

NOTE: Instructions for completing return and remitting payment are prescribed in Anchorage Municipal Code Chapter 26.65

Name and mailing address of telephone company: _____

_____

_____

_____

Return for month of:_____ , 20_____

1. Amount of gross E911 system surcharges billed for the month:

$ _____ + $ _____ = 1. $ _____
(land lines) (cell) (all phones)

2. Less E911 amounts charged off as uncollectable as

a. based on actual experience, or; 2a. $_____

b. based on estimates in accordance with AMC 26.65.053.B.5 and with; 2b. $_____

c. **adjustment*** of estimates to actual experience: 2c. $_____

*No later than December of each year, estimated uncollectables must be adjusted to actual.

3. Plus: Amount of prorated net recoveries collected this month: 3. $_____

4. Subtotal: 4. $_____

5. Less: **Allowable*** credit for administrative costs:

Greater of $150.00 or 1% of line 4. 5. $_____

*Allowable only if a properly filed return and full remittance are submitted to the Department on or before 60 days following the end of the month in which the E911 system surcharges are billed.

6. Net amount to be remitted with this return: 6. $_____

I certify under oath that this return, including any accompanying information, has been examined by me and to the best of my knowledge and belief is complete and correct.

Signed: _____Date: _____ Phone: _____

Printed Name: _____ Title: _____ E-Mail: _____

Return this form, with payment, to:

Municipality of Anchorage
DEPARTMENT OF FINANCE
Treasury Division - E 911 Surcharge
632 W. 6th Avenue, Suite 330
P.O. Box 196650
Anchorage, Alaska 99519-6650

www.muni.org/treasury