



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

Return this form, with payment, to:
Municipality of Anchorage
Treasury Division – E-911 Surcharge
632 W. 6th Avenue, Suite 330
PO Box 196650
Anchorage, AK 99519-6650

Name of telephone company:

Address of telephone company:

January	April	July	October
February	May	August	November
March	June	September	December

Year:

Amended
Return
Final
Return

Complete list of customers
charged off shall
accompany the December
return (AMC 26.65.055B)

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

a. Land lines

b. Cell phones

c. Total

2. Less E911 amounts charged off as uncollectible

a. Choose method used to calculate the amounts charged off as uncollectible, then enter amount

Based on actual experience
Based on estimates in accordance
with AMC 26.65.053.B.5.

b. Adjustment of estimates to actual experience (*no later than December of each year, estimated uncollectibles must be adjusted to actual*)

3. Plus amount of prorated net recoveries collected this month

4. Subtotal

5. Less allowable* credit for administrative costs:

Greater of \$150.00 or 1% of Line 4, but no greater than Line 4
(AMC 26.65.057A and B)

I am eligible for the credit

I am *not* eligible for the credit

* 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. (AMC 26.65.057A)

6. Less prior payments remitted for this month if filing an amended surcharge return

7. Subtotal after allowable credit for administrative costs and prior payments

8. Plus 10% penalty on surcharge amount due not remitted within 7 calendar days following the due date for this surcharge return (AMC 26.65.080)

Calculate penalty due

9. Plus 12% per annum interest (.00033/day) on surcharge amount due not remitted by the due date for this surcharge return (AMC 26.65.090)

Number of days:

10. Net amount to be remitted with this return

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.

Signature

Date

Phone #

Name (printed)

Title

Email