



**Florida Telecommunications Relay, Inc.
Monthly TASA Surcharge Collection Report**

From: _____
(Company Name)

Florida Company Code: _____ For Reporting Period: _____

Date TASA remitted to FTRI: _____ Remitted by: Check # _____

Number of lines billed @ \$.08 each: _____
 (\$.08 beginning Sept. 1, 2024)

Was the surcharge prorated on any access lines? _____

1. Total - Surcharge billed	\$ _____
2. (Less) Surcharge not collected	\$ _____
3. (Plus) Surcharge collected <i>(attributed to prior period)</i>	\$ _____
4. Subtotal	\$ _____
5. (Less) 1% of Surcharge collected	\$ _____
6. Total - Remitted to FTRI <i>(TASA fund administrator)</i>	\$ _____

Prepared by: _____ Phone: _____

Signed by: _____ Email: _____

Print Name: _____ Date: _____

Please remit payment with form to:

Florida Telecommunications Relay, Inc. c/o Accounts Receivable Department 1820 E. Park Avenue, Suite 101 Tallahassee, FL 32301	Phone: 850-205-1470 ext. 224 Fax: 850-656-6099 Email: accountsreceivable@ftri.org
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Revised September 2024