## Service Supplier State 9-1-1 Charge

## **PART 1: SUPPLIER INFORMATION**

Effective May 5, 2018, State 9-1-1 charge is 0.25 cents. Each month, service suppliers within a 9-1-1 service district are required to bill and collect a state 9-1-1 charge from all service users, except for users of a prepaid wireless service. The charge is to be listed separately on each bill or payment receipt as the "State 9-1-1 charge." The full 9-1-1 charge rate applies to each of the first 10 access points or lines of a service user's account. The charge for each additional access point or line after the first 10 is 25 cents per 10 additional access points or lines, or any part thereof. Visit www.michigan.gov/taxes for additional information and listing of current rate for 9-1-1 charges. Note: Providers of prepaid wireless services should refer to Form 5012, Retailer's Prepaid Wireless 9-1-1 Surcharge, for reporting and remittance information.

PART 2: ACCOUNT INFORMATION	N							
Business Name			► Account Number (Federal Employer Identification Number - FEIN)					
Business Address (Street Number, P.O. Box)			City			St	tate	ZIP Code
Filing Period  1. JAN-FEB-MAR  2. APR-MAY-JUN  3. JUL-AUG-SEP  4. OCT-NOV-DEC			Contact Person			C	Contact Telephone Number	
PART 3: STATE 9-1-1 CHARGES								
Section A: Additional access point or line billed at the full State 9-1-1 charge. This rate	applies to each of the	first 10 access po						cess point or line
Month	Number of access points or lines billed at the full rate				Charge (Rate)		Total	
<b>)</b> 1.				Х	0.25			
▶ 2.				Х	0.25			
<b>)</b> 3.				X	0.25 <b>TOTAL</b>	4		
line in excess of 10 on each service user's a excess of the first 10 lines is 25 (0.25) per each Month		any part thereof. S	See instri					
worth	its (excluding those r	eported in Secti			(Rate)		10	
<b>&gt;</b> 5.				Х	0.25			
▶ 6.				Х	0.25			
<b>&gt;</b> 7.				X	0.25 <b>TOTAL</b>	8.		
9. Total State 9-1-1 charges collected. Add line 4 and line 8							9.	
10. Multiply line 9 by 2% (.02). This is the allowable amount the service supplier may							10.	
11. Total State 9-1-1 charges due. Subtract line 10 from line 9							11.	
12. Total payment enclosed with this return.							12.	
PART 4: CERTIFICATION								
I declare under penalty of perjury that the inf	ormation on this form i	s true and comple	ete to the	best	of my knowledge	е.		
Signature	Email Address				Date	Date		
PART 5: INSTRUCTIONS								
Account Information Complete all requested	information. The appro	opriate 10 and	1 unit of	3) T	he 3 additional lir	ne units ar	e reported	and charged at a

**Account Information.** Complete all requested information. The appropriate Filing Period box must be checked for the quarter you are reporting.

Section A: First 10 access points or lines for each service user's account. Lines 1-3. For each month of the quarter, enter the total number of access points or lines billed at the full 9-1-1 charge rate. This rate applies to the first 10 access points or lines of each service user's account. Enter the 9-1-1 charge rate and calculate monthly total charges billed at this rate.

**Line 4.** Enter the sum total of lines 1-3.

Section B: Additional access points or line units for each service user's account

**Lines 5-7:** For each month of the quarter, enter the total number of additional access points or line units for each service user's account in excess of the first 10 access points or lines. Each line unit consists of 10 additional access points or lines (or any part thereof) and the statutory billing rate is 25 cents per line unit. Calculate the monthly charges billed at this rate.

**Example 1:** For a user account with 17 access points or lines, the first 10 access points or lines are included in Section A. In section B, the 7 additional access points or lines constitute 1 additional line unit. The 1 additional line unit is reported and charged at a rate of 25 cents.

**Example 2:** For a user account with 33 access points or lines, the first 10 access points or lines are included in section A. In section B, the 23 additional access points or lines constitute 3 additional line units (2 units of

10, and 1 unit of 3). The 3 additional line units are reported and charged at a rate of 25 cents per line unit.

**Line 8.** Enter the sum of lines 5-7 totals.

Line 9. Calculate and enter the sum of line 4 and line 8.

**Line 10.** Calculate and enter the allowable amount a service supplier may retain for costs incurred for the billing and collection of the charge. Multiply Line 9 by 2% (.02).

**Line 11.** Enter Total State 9-1-1 Charges due. Subtract line 10 from line 9. **Line 12.** Enter the total payment enclosed with the return. Enter \$0.00 if you are not including payment.

**Certification.** You must sign and date the return. Please include a contact email address

**Payment.** Enclosed payments should be made payable to the State of Michigan. Write your Account Number and "911 Charges" on the front of your payment. A completed copy of Form 5013 and full payment by check, money order, or cashier's check are due to Treasury within 30 days of the close of the month after the end of the quarter.

**Return Completed Form and Check Payment to:** Michigan Department of Treasury, Special Taxes Division - Misc. Taxes and Fees, PO Box 30781, Lansing, MI 48909

For questions regarding the Service Supplier's State 9-1-1 Charge, call 517-636-0515.