

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 on each additional access point or line after 10 is 1/10 (.1) of the full 9-1-1 charge rate. 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

Business Name		▶ Account Number (Federal Employer Identification Number - FEIN)	
Business Address (Street Number, P.O. Box)		City, State, ZIP Code	
▶ Filing Period	<input type="checkbox"/> 1. JAN-FEB-MAR <input type="checkbox"/> 2. APR-MAY-JUN <input type="checkbox"/> 3. JUL-AUG-SEP <input type="checkbox"/> 4. OCT-NOV-DEC	▶ Year	Contact Person Contact Telephone Number

PART 3: STATE 9-1-1 CHARGES

Section A: First 10 access points or lines for each service user's account. Calculate the total charges collected on each access point or line billed at the full State 9-1-1 charge. This rate applies to each of the first 10 access points or lines of a service user's account.

	Month	Number of access points or lines billed at the full rate	Charge (Rate)	Total
▶ 1.			x 0.25	
▶ 2.			x 0.25	
▶ 3.			x 0.25	
TOTAL				4.

Section B: Additional access points or lines for each service user's account. Calculate the total charges collected on each access point or line in excess of 10 on each service user's account billed at the applicable State 9-1-1 charge. The applicable charge for each access point or line after the first 10 is 1/10 of the per line State 9-1-1 charge used in Section A.

	Month	Number of access points or lines (exclude those reported in Section A)	Charge (Rate)	Total
▶ 5.			x 0.025	
▶ 6.			x 0.025	
▶ 7.			x 0.025	
TOTAL				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 retain.	▶ 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 information on this form is true and complete to the best of my knowledge.

Signature	Email Address	Date
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PART 5: INSTRUCTIONS

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.

Line 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 lines for each service user's account.

Line 5 - 7. For each month of the quarter, enter the total number of access points or lines billed at 1/10 of the full 9-1-1 charge rate. This rate applies to each line in excess of 10 of each service user's account. Enter 1/10 (.1) of the full 9-1-1 charge rate and calculate the monthly charges billed at this rate.

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 or remit payments using Electronic Funds Transfer (EFT).

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. If you elect to transmit payments using Electronic Funds Transfer (EFT), a copy of this form and full payment is due to Treasury within 30 days of the close of each month. Receipt of a completed Form 5013 is required regardless of payment method.

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.