SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
911 EMERGENCY SURCHARGE - REMITTANCE COUPON
RETURN FOR: _____ (months)
DUE: Thirty (30) days after the close of the calendar quarter

Surcharge payer #
Company Name:
Company Address:

Company Phone Number:
Company Contact:
Preparer Name:
Date:

Please select one of the following options for remitting the surcharge:

_____ Remittance Method A

_____ Remittance Method B

_____ Remittance Method C

Remittance Method A

SDCL 34-45-1(1)(a) An active prepaid wireless telecommunication service user account is a prepaid wireless service account which has a sufficient positive balance as of the last day of any month and is issued to a person who resides in a zip code, or purchases the service, within the state;

Month	# of active prepaid wireless telecommunication service user accounts	x	Statutory Surcharge Amount	=	Total
			$0.75		
			$0.75		
			$0.75		

Remittance Method B

SDCL 34-45-1(1)(b) An active prepaid wireless telecommunication service user account is a prepaid wireless service account as estimated by dividing the total earned prepaid wireless telecommunications service revenue received by the service provider within the monthly reporting period by the industry's annually calculated average revenue per user as cited in the FCC's Annual Report and Analysis of Competitive Market Conditions With Respect to Commercial Mobile Services *as required under 47 U.S.C. 332(c)(1)(C);*

Month	# of active prepaid wireless telecommunication service user accounts	x	Statutory Surcharge Amount	=	Total
			$0.75		
			$0.75		
			$0.75		

Remittance Method C

SDCL 34-45-1(1)(c) An active prepaid wireless telecommunication service user account is a prepaid wireless service account which is a retail sale by a prepaid wireless telecommunications service provider to a service user in the state;

Month	Retail Sale Amount	x	Statutory Surcharge Percentage	=	Total
			2%		
			2%		
			2%		

Administration fee (please check one): _____ 1% of Subtotal
_____ $75 per quarter

SUBTOTAL _____
Deduct administration fee _____

TOTAL AMOUNT TO REMIT _____

Administration fee: The company may deduct and retain one percent of the collected amount or twenty-five dollars, whichever is greater, each month as the cost of administration for collecting the charge. SDCL 34-45-9.

For questions, please contact Lee Axdahl or Kristi Turman at the Department of Public Safety at (605) 773-3231.

Complete this form along with remittance and mail it to: Remittance Center, PO Box 5055, Sioux Falls, SD 57117-5055.

Checks payable to S.D. State Treasurer.